

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90055 049 ****61.25

DOCUMENT # 755719

1. Entity Name

CHERRY LAKE VOLUNTEER FIRE RESCUE, INC.



Principal Place of Business

2612 NE CHERRY LAKE CIRCLE
PINETTA FL 32350

Mailing Address

2612 NE CHERRY LAKE CIRCLE
PINETTA FL 32350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2150220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, DAVID W
RT 3 BOX 1040
MADISON FL 32340

4498 NE Cherry Lake Circle

4498 NE Cherry Lake Circle

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David W. Norton

SEC. / TREAS.

4/24/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MCDONALD, DANNY	
STREET ADDRESS	2776 NE CHERRY LAKE CIRCLE	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULANOW, GEB	
STREET ADDRESS	RT. 3., BOX 740	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HACKLE, PHILLIP	
STREET ADDRESS	433 N.E. COSMOS DR.	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAINES, MICHAEL	
STREET ADDRESS	RT 3 BOX 1660	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WALLY	
STREET ADDRESS	RT 3, BOX 130	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	AC	<input type="checkbox"/> Delete
NAME	SINGLETARY, SCOTT	
STREET ADDRESS	11608 NE ROCKY FORD RD	
CITY-ST-ZIP	PINETTA FL 32350	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG BASS	
STREET ADDRESS	278 NE OLEANDER DR.	
CITY-ST-ZIP	PINETTA, FL. 32350	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS SEVOR	
STREET ADDRESS	4180 NW C.R. # 253	
CITY-ST-ZIP	GREENVILLE, FL. 32231	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3312 NW C.R. # 150	
CITY-ST-ZIP	GREENVILLE, FL. 32231	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5757 N.E. Rocky Ford Rd.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

J.D. Danny McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

Daytime Phone #