

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90095 008 ****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**

4003343



1st MOORE

CR2E037 (10/04)

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
4498 NE CHERRY LAKE CIRCLE
MADISON FL 32340**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2005**

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 checked="" type="checkbox"/> Delete
NAME	MCDONALD, DANNY	
STREET ADDRESS	2776 NE CHERRY LAKE CIRCLE	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	BASS, DOUG	
STREET ADDRESS	278 NE OLEANDER DR.	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEVOR, EVANS	
STREET ADDRESS	4180 NW C.R. #253	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAINES, MICHAEL	
STREET ADDRESS	3312 NW C.R. #150	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WALLY	
STREET ADDRESS	5757 NE ROCKY FORD RD	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	<input checked="" type="checkbox"/> Delete	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK WYNO	
STREET ADDRESS	3684 NE Cherry Lake Circle	
CITY-ST-ZIP	PINETTA, FL. 32350	
TITLE	AC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" 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 like empowered.

SIGNATURE: DAVID W. NORTON **TREASURER** **4/11/05** **(229)377-9827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #