

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90034 018 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

*David W. Norton* - TREASURER

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

*2/5/08*

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WYNO, FRANK**  
CITY-ST-ZIP **2684 NE CHERRY LAKE CIRCLE  
PINETTA FL 32350**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AC**  
STREET ADDRESS **BASS, DOUG**  
CITY-ST-ZIP **278 NE OLEANDER DR  
PINETTA FL 32350**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SEVOR, EVANS**  
CITY-ST-ZIP **4180 NW C.R. #253  
GREENVILLE FL 32331**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RAINES, MICHAEL**  
CITY-ST-ZIP **~~9312 NW C.R. #150~~  
GREENVILLE FL 32331**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1262 NW HARE AVE**  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **DAVIS, WALLY**  
CITY-ST-ZIP **5757 NE ROCKY FORD RD  
MADISON FL 32340**

TITLE ☒ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **JUSTIN BURT**  
CITY-ST-ZIP **645 NE PALMETTO ST.  
PINETTA, FL. 32350**

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **SINGLETARY, SCOTT**  
CITY-ST-ZIP **11608 NE ROCKY FORD RD  
PINETTA FL 32350**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Scott Singletary (Chief)*

*2-8-08*

*(850) 927-2354*