2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755719

FILED Apr 29, 2009 Secretary of State

Entity Name: CHERRY LAKE VOLUNTEER FIRE RESCUE, INC.

Current Principal Place of Business: New Principal Place of Business: 2612 NE CHERRY LAKE CIRCLE PINETTA, FL 32350 **Current Mailing Address: New Mailing Address:** 2612 NE CHERRY LAKE CIRCLE PINETTA, FL 32350 FEI Number: 59-2150220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORTON, DAVID W NORTON, DAVID W TREASUR 4498 NE CHERRY LAKE CIRCLE 4498 NE CHERRY LAKE CIRCLE MADISON, FL 32340 MADISON, FL 32340 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. SIGNATURE: DAVID W. NORTON 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WYNO, FRANK Name: Name: 2684 NE CHERRY LAKE CIRCLE Address: Address: City-St-Zip: PINETTA, FL 32350 City-St-Zip: Title: AC Title: (X) Change () Addition () Delete BASS, DOUG Name: RUTHERFORD, HIRAM Name: Address: 278 NE OLEANDER DR Address: 2150 MADISON HWY. City-St-Zip: PINETTA, FL 32350 City-St-Zip: QUITMAN, GA 31643 Title: () Delete Title: () Change () Addition SEVOR, EVANS Name: Name: Address: 4180 NW C.R. #253 Address: City-St-Zip: GREENVILLE, FL 32331 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RAINES, MICHAEL Name: Address: 1262 NW HARE AVE Address: City-St-Zip: GREENVILLE, FL 32331 City-St-Zip: Title: () Delete Title: () Change () Addition BURT, JUSTIN Name: Name: 645 NE PALMETTO ST Address: Address: City-St-Zip: PINETTA, FL 32350 City-St-Zip: Title: () Delete Title: () Change () Addition SINGLETARY, SCOTT Name: Name: Address: 11608 NE ROCKY FORD RD Address: PINETTA, FL 32350 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. NORTON T 04/29/2009