

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756412**

1. Entity Name  
**PINE CASTLE FIRE DEPARTMENT, INC.**



Principal Place of Business  
**1401 BERWYN ROAD  
ORLANDO, FL 32806 US**

Mailing Address  
**1401 BERWYN ROAD  
ORLANDO, FL 32806 US**



04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0123456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**8. Name and Address of Current Registered Agent**

**WILLIAM, MIMS  
108 EAST CENTRAL BOULEVARD  
ORLANDO, FL 32802**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fee**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASPER, JAMES R., JR. 1401 BERWYN RD ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, WALT 221 E PRINCE ST ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, DELMA 5830 NOLAND PLACE NW KENNESAW, GA 30152
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/14/05-80079-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** James R. Kasper Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-04-08-05 228-6664