

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756412

FILED
Apr 10, 2009
Secretary of State

Entity Name: PINE CASTLE FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1401 BERWYN ROAD
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1401 BERWYN ROAD
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-0123456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KASPER, JR., JAMES R
Address: 1401 BERWYN RD
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: HOWELL, WALT
Address: 221 E PRINCE ST
City-St-Zip: ORLANDO, FL 32804

Title: STD () Delete
Name: ANDERSON, DELMA
Address: 3515 CRESTWOOD ST.
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES R. KASPER, JR.

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date