2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 763346

1. Entity Name



FILED Feb 24, 2004 8:00 am **Secretary of State**

SUNLAKE VOLUNTEER FIRE DEPARTMENT, INC.					O.	2-24-2004 3000	08 003	70.00	,
Principal Plac	e of Business	Mailing Address							
1101 ST.LAWRENCE DRIVE GRAND ISLAND FL 32735		1545 WARMWOOD DRIVE GRAND ISLAND FL 32735					•	- ; - ·	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			М	OORE CF	R2E037 (11/	03)	
City & State		City & State			4. FEI Number 5	9-2950981			lied For Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Fee Re	Addition Addition	ional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	tered Agent		
			Name	Name					
MCROBERTS, WILLIAM 1545 WARMWOOD DR. GRAND ISLAND FL 32735			Street A	ddress (F	P.O. Box Number is I	Not "Acceptable)	1- 1- 1- 1- 1- 1-	wer .	. '
QIV-	NAD IOLAND I L OZIOS		City				FL Zig	Code	
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	gistered office o	r registere	ed agent, or both, in	the State of Florida	. I am familiar	with, a	nd accept
SIGNATURE							D.T.		
Cherry States States	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signat	ure required	when reinstating)	To-School and a water in the	DATE	tura etki seridi	Control of the Contro
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	Florida (Check Pay Department	of St	ate
10.	OFFICERS AND DI		11.	. Α	DDITIONS/CHANG	ES TO OFFICERS A			
TITLE	CD MCROBERTS, WILLIAM	☐ Delete	TITLE				Ct	ange	Addition
NAME STREET ADDRESS	1545 WARMWOOD DR.	•	NAME STREET ADDRESS						
CITY-ST-ZIP	GRAND ISLAND FL 32735		CITY-ST-ZiP						
TITLE	P	☐ Delete	TITLE				☐ Cì	nange	Addition
NAME	COOK, JOHN	La Doloit	NAME	l	•				
STREET ADDRESS	1555 WARMWOOS DRIVE	-	STREET ADDRESS						
CITY-ST-ZIP	GRAND ISLAND FL 32725		CITY-ST-ZIP						
TITLE	VD	⊠ Delete	TITLE	Vo			∑Z ich	ange	☐ Addition
NAME	CUSTER, ED		NAME	JACK	MULLER		1210		
STREET ADDRESS	2220 GRAND TRAVERSE CIRCLE GRAND ISLAND FL 32735		STREET ADDRESS CITY-ST-ZIP	336	Sus QuE	MAKNA-CIE	- عمالات م		'
CITY-ST-ZIP	T			GPA	O ISLANO	PL 32			- Addition
TITLE NAME	MCROBERTS, BOBBIE	. Detete	TITLE NAME				☐ CH	lange	☐ Addition
STREET ADDRESS	1545 WARMWOOD DRIVE		STREET ADDRESS						İ
CITY-ST-ZIP	GRAND ISLAND FL 32725		CITY-ST-ZIP	1					ĺ
TITLE									_
	SD	Delete	TITLE				CI	nange	☐ Addition
NAME	MCROBERTS, BOBBIE	☐ Delete	TITLE NAME		<u> </u>		a	nange	☐ Addition
	MCROBERTS, BOBBIE 1545 WARMWOOD DR.	☐ Delete	NAME STREET ADDRESS		.,		a	nange	☐ Addition
NAME	MCROBERTS, BOBBIE 1545 WARMWOOD DR. GRAND ISLAND FL 32735	☐ Delete	NAME				a	nange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCROBERTS, BOBBIE 1545 WARMWOOD DR. GRAND ISLAND FL 32735	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE				cı		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCROBERTS, BOBBIE 1545 WARMWOOD DR. GRAND ISLAND FL 32735 AC WEICHT, CARL		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCROBERTS, BOBBIE 1545 WARMWOOD DR. GRAND ISLAND FL 32735		NAME STREET ADDRESS CITY-ST-ZIP TITLE						

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: Dellie ME Roberts SECTIONS BOBBIE ME ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR