2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

DOCUMENT# 763346

Entity Name: SUNLAKE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1101 ST.LAWRENCE DRIVE
GRAND ISLAND, FL 32735

New Principal Place of Business:

Current Mailing Address:

1545 WARMWOOD DRIVE
GRAND ISLAND, FL 32735

New Mailing Address:

FEI Number: 59-2950981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCROBERTS, WILLIAM
1545 WARMWOOD DR.
GRAND ISLAND, FL 32735 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:	CD	( ) Delete
Name:	MCROBERTS, WILLIAM	
Address:	1545 WARMWOOD DR.	
City-St-Zip:	GRAND ISLAND, FL 32735	
Title:	P	( ) Delete
Name:	RICHARDS, ROLAND	
Address:	1100 CAYUGA DRIVE	
City-St-Zip:	GRAND ISLAND, FL 32725	
Title:	VD	( ) Delete
Name:	PRINCE, DAVID	
Address:	1660 SHADY LANE	
City-St-Zip:	GRAND ISLAND, FL 32735	
Title:	T	( ) Delete
Name:	MCROBERTS, BOBBIE	
Address:	1545 WARMWOOD DRIVE	
City-St-Zip:	GRAND ISLAND, FL 32725	
Title:	SD	( ) Delete
Name:	MCROBERTS, BOBBIE	
Address:	1545 WARMWOOD DR.	
City-St-Zip:	GRAND ISLAND, FL 32735	
Title:	AC	( ) Delete
Name:	WEICHT, CARL	
Address:	1030 LAKE DRIVE	
City-St-Zip:	GRAND ISLAND, FL 32725	

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:	
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: WILLIAM R MCROBERTS CD 02/02/2008

Electronic Signature of Signing Officer or Director — Date