

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764361

FILED
Jul 08, 2009
Secretary of State

Entity Name: THE ENSLEY FIRE DEPARTMENT, INCORPORATED

Current Principal Place of Business:

8634 PENSACOLA BLVD.
PENSACOLA, FL 325343326 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7071
PENSACOLA, FL 325347071 US

New Mailing Address:

FEI Number: 59-2455236 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAZAR, HARRY
320 LOWELL LN
PENSACOLA, FL 32514 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: P () Delete
Name: LAZAR, HARRY J
Address: 320 LOWELL LN
City-St-Zip: PENSACOLA, FL 32514 US

Title: SD () Delete
Name: MATTHEWS, MELISSA
Address: 1857 ATWOOD DRIVE, APT. 55-F
City-St-Zip: PENSACOLA, FL 32514

Title: SOA () Delete
Name: ROGERS, KYLE
Address: 320 TOWER DR
City-St-Zip: PENSACOLA, FL 32534 US

Title: T () Delete
Name: LEPLEY, SHAUNA
Address: 423 MAPLELEAF CR
City-St-Zip: PENSACOLA, FL 32514

Title: CHIE () Delete
Name: LEVINS, JOHN
Address: 4715 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577 US

Title: ASCH () Delete
Name: KINNARD, HECULES
Address: 8711 QUAIL DR
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MARCUM, JUSTIN
Address: 1551 W TEN MILE RD
City-St-Zip: CANTONMENT, FL 32533

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

Title: T (X) Change () Addition
Name: LEVINS, MAUREEN
Address: 4718 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577

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: JOHN R LEVINS

Electronic Signature of Signing Officer or Director

CHIE

07/08/2009

Date