2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# 765592

Entity Name: CHAIRES-CAPITOLA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

10541 VALENTINE RD S
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

10541 VALENTINE RD S
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: 59-2265417 **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:

ROBERTSON, GINGER
10541 VALENTINE RD S.
TALLAHASSEE, FL 32311 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: LORD, DAVID
Address: 4966 MATTY DALE DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: S/T ( ) Delete
Name: ROBERTSON, GINGER
Address: 10547 VALENTINE RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Delete
Name: NOWAK, DAVID
Address: 2316 SOUTHAMPTON
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: KINERSON, LEONARD
Address: 2316 SOUTHAMPTON
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: PLASTER, JACK
Address: 6809 CHISHOLM CT.
City-St-Zip: TALLAHASSEE, FL 32311

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GINGER ROBERTSON SEC 05/11/2005

Electronic Signature of Signing Officer or Director — Date