2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 766117

Entity Name: DUETTE VOLUNTEER FIRE/RESCUE DEPARTMENT, INC.

Current Principal Place of Business:

34010-SR 62
DUETTE, FL 33834 US

New Principal Place of Business:

Current Mailing Address:

34010-SR 62
DUETTE, FL 33834 US

New Mailing Address:

FEI Number: 59-2964858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, DAVID L
3322 CAROL DR
ELLENTON, FL 34222 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:	D	( ) Delete
Name:	COKER, FRANK	
Address:	31610 TAYLOR GRADE ROAD	
City-St-Zip:	DUETTE, FL 33834	
Title:	T	( ) Delete
Name:	WALKER, DAVID,	
Address:	3322 CAROL DR	
City-St-Zip:	ELLENTON, FL 34222	
Title:	P	( ) Delete
Name:	O'CONNOR, JOHN	
Address:	11075 TAYLOR GRADE RD	
City-St-Zip:	DUETTE, FL 33834	
Title:	D	( ) Delete
Name:	GROOVER, GERALD	
Address:	31550 SR 62	
City-St-Zip:	DUETTE, FL 33834	
Title:	VP	( ) Delete
Name:	KEEN, DONNA	
Address:	8103 KEEN CEMETARY RD	
City-St-Zip:	BOWLING GREEN, FL 33834	
Title:	S	( ) Delete
Name:	STEVENS, JIL	
Address:	10306 REVELL ROAD	
City-St-Zip:	BOWLING GREEN, FL 33834	

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: DAVID WALKER T 02/23/2009

Electronic Signature of Signing Officer or Director — Date