2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# 768086

Entity Name: ROLLING GREENS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

7098 HOLYOKE CT.
OCALA, FL 344723224

New Principal Place of Business:

Current Mailing Address:

7098 HOLYOKE CT.
OCALA, FL 344723224

New Mailing Address:

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

Name and Address of Current Registered Agent:

MEYERS, ROGER E
1719 INDIAN WELLS AVE.
OCALA, FL 34472 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: C ( ) Delete
Name: BARNELL, JANET
Address: 6001 BIRNAM WOODS RD
City-St-Zip: OCALA, FL 34472

Title: TR ( ) Delete
Name: MACLEOD, HENRY
Address: 7199C SUNNINGALE DR.
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete
Name: WATSON, EDWIN
Address: 211B EAST GLENEAGLES ROAD
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete
Name: MEYERS, ROGER E
Address: 1719 INDIAN WELLS AVE.
City-St-Zip: OCALA, FL 34472

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VC ( ) Change (X) Addition
Name: DANTZMAN, THOMAS
Address: 1895 JASPER DR
City-St-Zip: OCALA, FL 34472

Title: TR ( ) Change (X) Addition
Name: MANGLES, NICK
Address: 6712 B LAKEWOOD DR
City-St-Zip: OCALA, FL 34472

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: ROGER E MEYERS T 04/19/2009

Electronic Signature of Signing Officer or Director — Date