


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 027 ****61.25

DOCUMENT # 769016
 1. Entity Name
VERO LAKE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
9448 82ND STREET **9448 82ND STREET**
VERO BEACH, FL 32967 **VERO BEACH, FL 32967**

DO NOT WRITE IN THIS SPACE

40083140



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2357237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
WILSON, CATHI
98 NORTH ELM STREET
FELLSMERE, FL 32948

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELASI, FRED 7920 02ND AVENUE <i>22 Sunset Drive</i> VERO BEACH, FL 32967 <i>Roseland, FL 32957</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERLIN, DUSTY 8256 98TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOVITZ, FAY 8215 95TH AVENUE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, CATHI 98 NORTH ELM STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JIMMY 8156 100TH AVENUE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIGLIO, TOMMY 8325 93RD AVENUE VERO BEACH, FL 32967

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathi Wilson* *4-11-07* *772-234-5353*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #