


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004121**

1. Entity Name  
**TREASURE ISLAND VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business 180 108TH AVENUE TREASURE ISLAND, FL 33706	Mailing Address 625 CAPRI BOULEVARD TREASURE ISLAND, FL 33706
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**DO NOT WRITE IN THIS SPACE**



07282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3653977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES, FL 33134**

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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 rechartering)

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, GARY L 180 108TH AVENUE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FANT, JULIAN 180 108TH AVENUE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARAMPELAS, MARK P 180 108TH AVENUE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFARES, PAT 44A DOLPHIN DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000169210  
 08/02/04-80015-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mark P Karampelas* **MARK P Karampelas** 7/28/04 772 423 0481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone