

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004121

FILED
Feb 06, 2009
Secretary of State

Entity Name: TREASURE ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

180 108TH AVENUE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

625 CAPRI BOULEVARD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3653977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: JEFFARES, PAT
Address: 44A DOLPHIN DR
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: SD () Delete
Name: WALKER, GARY
Address: 180 108TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: TD () Delete
Name: KARAMELAS, MARK P
Address: 180 108TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: CARNEY, PATRICK
Address: 1202 63RD ST S
City-St-Zip: SAINT PETERSBURG, FL 33707

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:

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: MARK P KARAMELAS

TD

02/06/2009

Electronic Signature of Signing Officer or Director

Date