

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00543

FILED
Sep 13, 2004
Secretary of State**Entity Name:** ALMARANTE VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**3710 OLD CALIFORNIA RD
LAUREL HILL, FL 32567**New Principal Place of Business:****Current Mailing Address:**% BETTY K. WILLIS
P.O. BOX 126
LAUREL HILL, FL 32567**New Mailing Address:**TONYA M. REED
7870 ALMARANTE PLACE
LAUREL HILL, FL 32567**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREE, KEITH
7303 HWY 393
LAUREL HILL, FL 32567 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:** P () Delete
Name: FREE, KEITH
Address: 7303 HWY 393
City-St-Zip: LAUREL HILL, FL 32567**Title:** V () Delete
Name: MARINI, NEAL
Address: 124-5TH ST
City-St-Zip: LAUREL HILL, FL 32567**Title:** T () Delete
Name: SENTERFITT, JERRY
Address: 7305 SENTERFITT RD
City-St-Zip: LAUREL HILL, FL 32567**Title:** S () Delete
Name: WILLIS, BETTY
Address: 8867 HWY 85 N
City-St-Zip: LAUREL HILL, FL 32567**Title:** D () Delete
Name: COOK, JAMES
Address: 3407 HWY 2
City-St-Zip: LAUREL HILL, FL 32567**Title:** D () Delete
Name: MAJORS, RICK
Address: 3256 HWY 602
City-St-Zip: LAUREL HILL, FL 32567**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: REED, ANDREW
Address: 7870 ALMARANTE PLACE
City-St-Zip: LAUREL HILL, FL 32567**Title:** V (X) Change () Addition
Name: STEPHENS, LEONARD
Address: P.O. BOX 35
City-St-Zip: LAUREL HILL, FL 32567**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: REED, TONYA
Address: 7870 ALMARANTE PLACE
City-St-Zip: LAUREL HILL, FL 32567**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 for the exemption stated in Section 119.07(3)(i), 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: ANDREW REED

P

09/13/2004

Electronic Signature of Signing Officer or Director

Date