## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2005 8:00 am Secretary of State DOCUMENT # N01000000049 1. Entity Name 04-04-2005 90061 014 \*\*\*\*61.25 SOUTHWEST RANCHES VOLUNTEER FIRE-RESCUE, INC. Principal Place of Business Mailing Address 7220 GRIFFIN RD. 5101 SW 145TH AVE SOUTHWEST RANCHES FL 33330 FORT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & Stat Applied For City & State 4. FEI Number 65-1086624 outhwes? Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3331 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLIAKOFF, GARY A Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING RD FT LAUDERDALE FL 33312-6525 Zip Code 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. \*\* 3<sup>/</sup>\* 17.2 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature. Woed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Detete Change Addition TITLE TITLE SAYRE, LILY NAME NAME 5101 SW 145TH AVE STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete HHF CHRISTENSEN, RICHARD NAME NAME 10335 SW 50TH CT STREET ADDRESS STREET ADDRESS COOPER CITY FL 33328 CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE WINN, SUSAN NAME NAME 4613 HANCOCK RD STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33330 CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE BIGGS, KARL NAME NAME 6131 S.W. 38TH STREET STREET ADDRESS STREET ADDRESS **DAVIE FL 33314** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Defete TITLE TITLE KAY, ALYN NAME NAME 17640 SW 70 PL STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33331 CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachm

12. I hereby certify that the information supplied with this filing does not qualify 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 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 justee approximental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**