

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000049

FILED
Feb 13, 2008
Secretary of State

Entity Name: SOUTHWEST RANCHES VOLUNTEER FIRE-RESCUE, INC.

Current Principal Place of Business:

17220 GRIFFIN RD
SOUTHWEST, FL 33331

New Principal Place of Business:

Current Mailing Address:

17220 GRIFFIN RD
SOUTHWEST, FL 33331

New Mailing Address:

FEI Number: 65-1086624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A
3111 STIRLING RD
FT LAUDERDALE, FL 333126525 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: ST () Delete
Name: SAYRE, LILY
Address: 5101 SW 145TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D () Delete
Name: CHRISTENSEN, RICHARD
Address: 10335 SW 50TH CT
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: WINN, SUSAN
Address: 4613 HANCOCK RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D () Delete
Name: KAY, ALYN
Address: 17640 SW 70 PL
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D () Delete
Name: WALTZ, GREGORY
Address: 6400 HOLATREE TRAIL
City-St-Zip: SOUTH WEST RACHES, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: FINK, MECCA
Address: 17220 GRIFFIN RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330 BR

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: GREGORY WALTZ

TRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date