2004 NOT-FOR-PROFIT CORPORATION

Feb 02, 2004 8:00 am Secretary of State **ANNUAL REPORT** 02-02-2004 90034 013 ****61.25 DOCUMENT # N01000000855 VALKARIA VOLUNTEER FIRE RESCUE, INC. Principal Place of Business Mailing Address 2101 SAPELO AVENUE SE 2101 SAPELO AVENUE SE PALM BAY, FL 32909 PALM BAY, FL 32909 3. Mailing Address 338 Tril 2. Principal Place of Business 338 Trilby Rd. SW Suite, Apt. #, etc Suite, Apt. #, etc 01202004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3698353 Applied For PalinBay Not Applicable Country—— \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent tast EASTWOOD, STEVEN R 2101 SAPELO AVENUE SE Street Address (P.O. Box Number is Not Acceptable) PALM BAY, FL 32909 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE . ☐ Delete TITLE Change ☐ Addition Eastwood, S NAME_ EASTWOOD, STEVEN R NAME STREET ADDRESS 2101 SAPELO AVENUE SE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 32908 CITY-ST-7IP VPSD ☐ Delete TITLE ☐ Addition EASTWOOD, RICHARD A NAME NAME STREET ADDRESS 2101 SAPELO AVENUE SE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 3*908* CITY-ST-ZIP TITLE Delete Ghange - Addition EASTWOOD, ROBERT Eastwood NAME NAME 2101 SAPELO AVENUE SE STREET ADDRESS STREET ADDRESS PALM BAY, FL 32909 FL 32908 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Thomas, Teresa NAME NAME Rd. SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32908 TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP- '

12. Thereby 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 of 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 add age, with all other life empowered. 32I)

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Additio . .

FILED