


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000855 1. Entity Name VALKARIA VOLUNTEER FIRE RESCUE, INC.	
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Principal Place of Business 338 TRILBY RD SW PALM BAY, FL 32908	Mailing Address 338 TRILBY RD SW PALM BAY, FL 32908
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01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698353	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EASTWOOD, STEVEN R 338 TRILBY RD SW PALM BAY, FL 32908
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EASTWOOD, STEVE R 338 TRILBY RD SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIPARI, CHARLES 338 TRILBY RD SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEILMAN, CHADWICK 338 TRILBY RD SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, TERESA 338 TRILBY RD SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80018-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVE EASTWOOD PRES 1/19/06 321-952-0466**