

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 12, 2005  
Secretary of State

DOCUMENT# N02000001739

Entity Name: LITTLE GASPARILLA ISLAND FIRE AND RESCUE INC.

**Current Principal Place of Business:**

9234 LITTLE GASPARILLA ISLAND  
LITTLE GASPARILLA ISLAND, FL 33946

**New Principal Place of Business:**

9540 LITTLE GASPARILLA ISLAND  
LITTLE GASPARILLA ISLAND, FL 33946

**Current Mailing Address:**

P.O BOX 854  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 47-0851392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SURDAM, EUGENE H  
9234 LITTLE GASPARILLA ISLAND  
PLACIDA, FL 33946 US

**Name and Address of New Registered Agent:**

SURDAM, EUGENE H  
9540 LITTLE GASPARILLA ISLAND  
PLACIDA, FL 33946 US

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: \_\_\_\_\_

04/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SURDAM, LISA M MRS  
Address: 9234 LITTLE GASPARILLA ISLAND  
City-St-Zip: PLACIDA, FL 33946

Title: D ( ) Delete  
Name: PARKE, NATHAN G MR  
Address: 9200 LITTLE GASPARILLA ISLAND 210  
City-St-Zip: PLACIDA, FL 33946

Title: D ( ) Delete  
Name: MILROY, ROBERT MR  
Address: 9440 RUMRUNNER ROAD LGI  
City-St-Zip: PLACIDA, FL 33946

Title: C ( ) Delete  
Name: FARMER, STEPHEN W MR  
Address: 9266 LITTLE GASPARILLA ISLAND  
City-St-Zip: PLACIDA, FL 33946

Title: V/C ( ) Delete  
Name: LOCASIO, AL MR  
Address: 8798 LITTLE GASPRILLA ISLAND  
City-St-Zip: PLACIDA, FL 33946

Title: T ( ) Delete  
Name: FARMER, ROBERTA L MRS  
Address: 9266 LITTLE GASPARILLA ISLAND  
City-St-Zip: PLACIDA, FL 33946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SURDAM, LISA M MRS  
Address: 9540 LITTLE GASPARILLA ISLAND  
City-St-Zip: PLACIDA, FL 33946

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:

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: LISA SURDAM

S

04/12/2005

Electronic Signature of Signing Officer or Director

Date