

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001739

FILED
Jul 17, 2006
Secretary of State

Entity Name: LITTLE GASPARILLA ISLAND FIRE AND RESCUE INC.

Current Principal Place of Business:

9540 LITTLE GASPARILLA ISLAND
LITTLE GASPARILLA ISLAND, FL 33946

New Principal Place of Business:

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SURDAM, EUGENE H
9540 LITTLE GASPARILLA ISLAND
PLACIDA, FL 33946 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: S () Delete
Name: SURDAM, LISA M MRS
Address: 9540 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: LEYDON, LISA M
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 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: STEPHEN FARMER

C

07/17/2006

Electronic Signature of Signing Officer or Director

_____ Date