

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005756

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** EAST MILTON VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

5081 WARD BASIN RD  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 791  
MILTON, FL 32572

**New Mailing Address:**

**FEI Number:** 59-3141840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWERY, DENISE  
4738 WARD BASIN RD  
MILTON, FL 32583 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:** P/D  
**Name:** CATALFU, JAN  
**Address:** 5081 WARD BASIN RD  
**City-St-Zip:** MILTON, FL 32583

**Title:** V/P  
**Name:** SIKES, JAMES  
**Address:** 5081 WARD BASIN RD  
**City-St-Zip:** MILTON, FL 32583

**Title:** TRES  
**Name:** NICK, PHYLLIS  
**Address:** 5081 WARD BASIN RD  
**City-St-Zip:** MILTON, FL 32583

**Title:** SEC  
**Name:** LOWERY, DENISE  
**Address:** 5081 WARD BASIN RD  
**City-St-Zip:** MILTON, FL 32583

**Title:** TRUS  
**Name:** TURBERVILLE, MARK  
**Address:** 5081 WARD BASIN RD  
**City-St-Zip:** MILTON, FL 32583

I hereby 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 all other like empowered.

**SIGNATURE:** DENISE LOWERY

SEC

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date