


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008068	
1. Entity Name FRIENDS OF OLDSMAR FIRE RESCUE, INC.	

Principal Place of Business 225 PINE AVE NORTH OLDSMAR, FL 34677	Mailing Address 225 PINE AVE NORTH OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2301411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISSETTE, COLLEEN 305 MARLBOROUGH ST. OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE C NAME SIPERA, JON STREET ADDRESS P.O. BOX 1175 CITY-ST-ZIP OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
TITLE D NAME PALOT, ROLAND STREET ADDRESS 3128 TAMPA RD CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE D NAME ADAMS, TODD STREET ADDRESS 506 ARLINGTON AVE EAST CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE S NAME DONNELLY, MARY STREET ADDRESS 1802 HIBISCUS CT. SOUTH CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE T NAME MORRISSETTE, COLLEEN STREET ADDRESS 305 MARLBOROUGH ST. CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE D NAME HAYES, LORENZO STREET ADDRESS 110 DOUGLAS RD. WEST CITY-ST-ZIP OLDSMAR, FL 34677	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Colleen Morrisette</u> <u>Colleen Morrisette</u>	Date <u>7/22/04</u>	Daytime Phone # <u>8138555779</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		