

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 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



01202005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

56-2301411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRISSETTE, COLLEEN
305 MARLBOROUGH ST.
OLDSMAR, FL 34677

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SIPERA, JON
STREET ADDRESS	P.O. BOX 1175
CITY-ST-ZIP	OLDSMAR, FL 34677
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

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01/24/05-80167-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen S. Morrisette

1-20-05

Date

8138555779

Daytime Phone #