

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90005 046 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N02000008379					
1. Entity Name ISLES OF CAPRI VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 175 CAPRI BLVD NAPLES, FL 34113			Mailing Address 175 CAPRI BLVD NAPLES, FL 34113		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 81-0578353				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent RODRIGUEZ, EMILO 175 CAPRI BLVD NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9. 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, ANDREW		NAME		
STREET ADDRESS	112B TAHITI ST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	DALESSANDRO, EDWARD		NAME	Bruce Gostineau	
STREET ADDRESS	175 CAPRI BLVD		STREET ADDRESS	175 Capri Blvd	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	Naples, FL	
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	HADICK, DEBORAH		NAME	Kevin Bee	
STREET ADDRESS	175 CAPRI BLVD		STREET ADDRESS	175 Capri Blvd.	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	Naples, FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ Date: 7/31/04 Daytime Phone #: 239 389 5578					

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