2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

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DOCUMENT # N0300001768 1. Entity Name SOUTHERN MANATEE VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.					03-23-2006 90004 035 ****7	
Principal Place 1640 60 AVE BRADENTON,	DRIVE E	Mailing Address 1640 60 AVE DRIVE E BRADENTON, FL 34203		7003e	RA ITINI ARNI ARNIH BANK ARNI ARNIH ARNIH IRRI ANIMI IRI	
	ace of Business	3. Mailing Address 2451 Trailmate 1	<i>O</i> r			
Suite, Apt.	#, etc.	Suite, Apt. #, etc. P.O. Bax 202	16		Chg-NP CR2E037 (11/05)	
City & State	<i>(</i> —)	City & State	4	4. FEI Number 65-05751	. ^ ^	plied For
Sarasot		Bradentan, FC	Country	03-03751		t Applicable
Zip -34243-	Country	Zip 342 <i>0</i> 4	US	5. Certificate of	Status Desired 7 \$8.75 Add Fee Require	
5/2/0	6. Name and Address of Current	· • · · · · · · · · · · · · · · · · · ·		7. Name and Ac	dress of New Registered Agent	
			Name //			
HENNESSY, THOMAS F 1640 60 AVE DRIVE E			Street Address (P.O. Box Number is Not Acceptable)			
	ON, FL 34203		2451	Trailmote Dr. E	<u>5. </u>	
	,		1			
			City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered					1372	<u>, </u>
	ions of registered agent.	//	9.0.0.00	rogistic or agoni, or boin,	Transcated of Northean Park International Village	and docopt
SIGNATURE.	1 hunto	Jane	_		3/20/06	٠.
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)	DATE	<u> </u>
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check payable to	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DIED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR