


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90198 030 \*\*\*\*70.00

<b>DOCUMENT # N03000001768</b>					
<b>1. Entity Name</b> SOUTHERN MANATEE VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2451 TRAILMATE DR P.O. BOX 20216 BRADENTON, FL 34204			<b>Mailing Address</b> 2451 TRAILMATE DR P.O. BOX 20216 BRADENTON, FL 34204		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0575108	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  HENNESSY, THOMAS F 2451 TRAILMATE DR E. SARASOTA, FL 34243				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				FL Zip Code	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> PERRY, ADAM 2451 TRAILMATE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Edward Tumolo 2451 Trailmate Dr Sarasota, FL 34243
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> SIGFRID, ERIC 2451 TRAILMATE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> KEUSCH, TIMOTHY 2451 TRAILMATE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> TUMALO, EDWARD 2451 TRAILMATE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Matt Garcia 2451 Trailmate Dr Sarasota, FL	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Matt Garcia 2451 Trailmate Dr Sarasota, FL	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Matt Garcia 2451 Trailmate Dr Sarasota, FL	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Matt Garcia 2451 Trailmate Dr Sarasota, FL	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Matt Garcia 2451 Trailmate Dr Sarasota, FL	<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/08 <small>Date</small>		941-812-1717 <small>Daytime Phone #</small>