## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05580

FILED May 04, 2005 Secretary of State

Entity Name: CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2 WOODLAND AVENUE CANTONMENT, FL 32533 **Current Mailing Address: New Mailing Address:** 2 WOODLAND AVENUE CANTONMENT, FL 32533 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEHL, KENNETH C PRES. 591 CEDARTREE LN. CANTONMENT, FL 32533 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FEHL, KENNETH FEHL. KENNETH C Name: Name: 591 CEDAR TREE LANE Address: 591 CEDAR TREE LANE Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: Title: (X) Change ( ) Addition ( ) Delete BURKEME, DUSTY Name: BURKEME, DUSTY Name: Address: P.O BOX 249 Address: 1119 GRENELEFE RD City-St-Zip: CANTONMENT, FL 32560 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: () Change () Addition LEVINS, MAUREEN Name: Name: Address: 600 COULTER AVE. Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: (X) Change ( ) Addition Title: Title: () Delete CLAYPOOLE, JACK Name: Name: JORDAN, DAVID 1555 WEST KINGSFIELD RD. 421 WELL LINE RD Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: (X) Change ( ) Addition CARTER, LARRY CARTER, LARRY Name: Name: 19 COTTAGE HILL ROAD 19 COTTAGE HILL ROAD Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: () Change () Addition PICKENS, LLOYD Name: Name: Address: 109 HARVEST HILL DR. Address: CANTONMENT, FL 32533 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH C FEHL PRES 05/04/2005