2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# N06089

Entity Name: "BREVARD COUNTY VOLUNTEER FIRE DEPARTMENT, STA. 24, INC."

Current Principal Place of Business:

C/O JIM DRAUS
2280 COLUMBIA BLVD.
TITUSVILLE, FL 327807032 US

New Principal Place of Business:

Current Mailing Address:

C/O JIM DRAUS
P O BOX 2288
TITUSVILLE, FL 327812288 US

New Mailing Address:

FEI Number: 59-3038921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRAUS, JAMES
4200 HEMLOCK LN
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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:

Title: TD ( ) Delete
Name: DRAUS, JAMES
Address: 4200 HEMLOCK LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: OLDEN, ALAN
Address: 3550I SABLE PALM LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: BACK, TEDDY
Address: 6275 EMBER
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DRAUS, JAMES
Address: 4200 HEMLOCK LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: DTS (X) Change ( ) Addition
Name: OLDEN, ALAN
Address: 7595 TURKEY POINT DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Change ( ) Addition
Name: GREER, ALEX
Address: 4598 SEATTLE STREET
City-St-Zip: COCOA, FL 32927

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: ALAN OLDEN DTS 05/03/2004

Electronic Signature of Signing Officer or Director — Date