

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21264

FILED  
Mar 07, 2005  
Secretary of State

**Entity Name:** FLAGLER BEACH VOLUNTEER FIREMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

320 S FLAGLER AVE  
FLAGLER BEACH, FL 321362540 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 S FLAGLER AVE  
P.O. BOX 2540  
FLAGLER BEACH, FL 321362540 US

**New Mailing Address:**

**FEI Number:** 59-3179121      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CREAL, ROBERT R  
301 N 5TH ST  
FLAGLER BEACH, FL 32136 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: PD ( ) Delete  
Name: BACHMAN, BRUCE  
Address: 614 S 23RD ST  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VPD ( ) Delete  
Name: DIANE, WOOD  
Address: 520 SOUTH DAYTONA AVE #4  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD ( ) Delete  
Name: WOOD, SHANE  
Address: 28 UHL PATH  
City-St-Zip: PALM COAST, FL 32764

Title: TD ( ) Delete  
Name: CREAL, ROBERT R  
Address: 301 N 5TH ST  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: RODGERS, ANTHONY  
Address: 68 RYECLIFFE DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: ECKER, NEAL  
Address: 3054 PAINTERS WALK  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT R CREAL

TD

03/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date