

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21264

FILED
Apr 08, 2009
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: SEYMOUR, KEN
Address: 48 PEPPERDINE DR.
City-St-Zip: PALM COAST, FL 32164

Title: SD () Delete
Name: WOOD, SHANE
Address: 40 ROBINSON DR
City-St-Zip: PALM COAST, FL 32164

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

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

Title: D () Delete
Name: LONG, LARRY
Address: 1110 N. OCEANSHORE BLVD.
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: D (X) Change () Addition
Name: SEYMOUR, BRANDON
Address: 48 PEPPERDINE DR.
City-St-Zip: PALM COAST, FL 32164

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/08/2009

Electronic Signature of Signing Officer or Director

Date