

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22940

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: FOWLERS BLUFF VOLUNTEER FIRE DEPARTMENT, INC.

## Current Principal Place of Business:

4591 NW COUNTY RD 347  
CHIEFLAND, FL 32626 US

## New Principal Place of Business:

## Current Mailing Address:

C/O RICHARD FIOLA  
15649 NW 46 LANE  
CHIEFLAND, FL 32626 US

## New Mailing Address:

P.O. BOX 442  
CHIEFLAND, FL 32644 US

FEI Number: 59-2891784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIOLA, RICHARD W  
15649 NW 46TH LANE  
CHIEFLAND, FL 32626 US

## Name and Address of New Registered Agent:

MOUNT, ROBERT PRES  
116 EAST PARK AVE  
CHIEFLAND, FL 32626 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: ROBERT MOUNT

03/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOUNT, ROBERT  
Address: 116 E PARK AVE  
City-St-Zip: CHIEFLAND, FL 32626

Title: V ( ) Delete  
Name: LEFFEWE, MARY  
Address: 4549 152 CT  
City-St-Zip: CHIEFLAND, FL 32626

Title: S (X) Delete  
Name: CARTER, SION  
Address: 15643 NW 46TH LANE  
City-St-Zip: CHIEFLAND, FL 32626

Title: T ( ) Delete  
Name: FIOLA, RICHARD W  
Address: 15649 NW 46 LANE  
City-St-Zip: CHIEFLAND, FL 32626

Title: D ( ) Delete  
Name: COOK, JOHN  
Address: 4751 NW 149TH AVE  
City-St-Zip: CHIEFLAND, FL 32626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: LEFFEWE, MARY  
Address: 4549 152 CT  
City-St-Zip: CHIEFLAND, FL 32626

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

Title: T (X) Change ( ) Addition  
Name: STOCKMAN, JUDY  
Address: 15591 NW 46 LANE  
City-St-Zip: CHIEFLAND, FL 32626

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 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 MOUNT

PRES

03/28/2006

Electronic Signature of Signing Officer or Director

Date