2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# N34031

Entity Name: PINE LOG COMMUNITY VOLUNTEER FIRE AND RESCUE, INC.

Current Principal Place of Business:

1652 SAMSON HWY
WESTVILLE, FL 32464

New Principal Place of Business:

Current Mailing Address:

1652 N HWY 81
WESTVILLE, FL 32464 US

New Mailing Address:

FEI Number: 59-2959699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

PRESCOTT, SCOTT F
1654 N HWY 81
WESTVILLE, FL 32464 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:	PC	( ) Delete
Name:	PRESCOTT, SCOTT F	
Address:	1654 N HWY 81	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	DAVIS, TERRY	
Address:	1652 HWY 81	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	PRESCOTT, HENRY H	
Address:	1608 N HWY 81	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	BURGESS, WILLIAM J	
Address:	1313 GILLMAN ROAD	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	SKIPPER, JAMES	
Address:	1441 GILLMAN RD	
City-St-Zip:	WESTVILLE, FL 32464	

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:	ARRINGTON, GREG	
Address:	1652 HIGHWAY 81	
City-St-Zip:	WESTVILLE, FL 32464	

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: SCOTT PRESCOTT PC 06/08/2009

Electronic Signature of Signing Officer or Director — Date