2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N38664

Entity Name: FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

7777 STATE ROAD 200
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

7777 STATE ROAD 200
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 52-2002785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTON, JAMES C
6076 SW 84TH ST.
OCALA, FL 34476 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: P ( ) Delete
Name: STEIN, CHARLES
Address: 10959 SW 85TH TERR.
City-St-Zip: OCALA, FL 34481

Title: VP ( ) Delete
Name: MCFARLAND, LINDA
Address: 7520 SW 102ND LN.
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete
Name: MULLARKEY, ROBERT
Address: 8802A SW 92ND ST,
City-St-Zip: OCALA, FL 34481

Title: T ( ) Delete
Name: PATTON, JAMES C
Address: 6076 SW 84TH ST.
City-St-Zip: OCALA, FL 34476

Title: D (X) Delete
Name: RADER, JEAN
Address: 8635G SW 95TH ST
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: KLATT, LENNY
Address: 7753 SW SR 200
City-St-Zip: OCALA, FL 34476

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: JAMES C. PATTON T 01/10/2005
Electronic Signature of Signing Officer or Director — Date