

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38664

FILED  
Jan 16, 2009  
Secretary of State

**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 L.P  
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete  
Name: CASSIDY, JAMES  
Address: 7732 SW 76TH AVE  
City-St-Zip: OCALA, FL 34476

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

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

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

**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 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: JAMES C PATTON

TREA

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date