

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38664

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

**Current Principal Place of Business:**

7884 SW 90TH STREET  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

7884 SW 90TH STREET  
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:**

LANZA, EDWARD TREAS.  
7884 SW 90TH STREET  
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: PRES  
Name: MCFARLAND, LINDA  
Address: 7520 SW 102ND L.P  
City-St-Zip: OCALA, FL 34476

Title: VP  
Name: CASSIDY, JAMES  
Address: 7732 SW 76TH AVE  
City-St-Zip: OCALA, FL 34476

Title: SEC  
Name: SOARES, CAROL  
Address: 9669 SW 94TH AVE  
City-St-Zip: OCALA, FL 34481

Title: TREA  
Name: LANZA, EDWARD  
Address: 5540 SW 81ST PLACE  
City-St-Zip: OCALA, FL 34476

Title: DIR  
Name: KLATT, LENNY  
Address: 7753 SW SR 200  
City-St-Zip: OCALA, FL 34476

Title: DIR  
Name: BOUCHER, ROBERT  
Address: 5700 SW 100TH STREET  
City-St-Zip: OCALA, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: EDWARD LANZA

TREA

01/11/2011

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

\_\_\_\_\_  
Date