2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # N44718 .-1. Entity Name 02-15-2007 90054 032 ****70.00 JENSEN BEACH VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 150 NE SAMARITAN ST P.O. BOX 223 JENSEN BEACH FL 34957 JENSEN BEACH FL 34958-0223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 851 NE JENSEN Suite, Apt. #, etc. BEACH BLVD Suito, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & State 4. FEI Number Applied For 59-2702139 JENSEN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34957 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASLIO, TONY CPA Street Address (P.O. Box Number is Not Acceptable) 20 W FIFTH STREET STUART FL 34994 City Zip Code 8. The above named entity submits this element for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATUR agent and file if and Signature, typed of printed name registered Agent signature required when reinstaling) FILE NOW: FEE-15 \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Change ☐ Addition TAYLOR, JAMES B STREET ADDRESS STREET ADDRESS 2469 NE 18TH LANE CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete ☐ Channe ☐ Addition MAHONEY, SAM STREET ADDRESS STREET ADDRESS 1430 NE CHARDER ST CITY-ST-7IP JERSAN BEACH FL 34957 CITY-SI-ZIP CT. TITLE TITLE ■ Addition 200 Normanie 2262 Marqueite & NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP JENSEN BEACH FL 34957 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME BELOWCH, JOSEPH STREET ADDRESS FISHERSMAN HAVEN STREET ADDRESS CATY - ST - ZIP CHTY-ST-ZIP JENSEN BEACH FL 34957 THE Change ☐ Addition VICAT, JOHN Stunt FL 34894 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report ar supplicing that teport is true and example and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an attachment with an address with all other like empowered.

FILED

772-260-2596