

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45869

**FILED**  
**Jul 04, 2004**  
**Secretary of State****Entity Name:** TRI-VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**13837 HIGHWAY 20 W  
NICEVILLE, FL 32578**New Principal Place of Business:****Current Mailing Address:**13837 HIGHWAY 20 W  
NICEVILLE, FL 32578**New Mailing Address:****FEI Number:** 23-7375277**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**THOWE, VERNON C.  
13837 HIGHWAY 20 W  
NICEVILLE, FL 32578 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: D ( ) Delete  
Name: ENGSTROM, HALE G,  
Address: 147 WESTERN ST  
City-St-Zip: FREEPORT, FL

Title: D ( ) Delete  
Name: THOWE, VERNON C  
Address: 69 HICKORY ST  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: TOUSIGNANT, PETER E  
Address: 13792 HIGHWAY 20, LOT #B  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete  
Name: MITCHELL, JOHN G  
Address: 21 GNE COURT WEST  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: OWEZARSKI, GREGG J  
Address: 107 KATHY LANE EAST  
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete  
Name: DROUHARD, EDWARD L  
Address: 13869 HIGHWAY 20 W.  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ENGSTROM, HALE G  
Address: 147 WESTERN ST  
City-St-Zip: FREEPORT, FL

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: OWCZARSKI, GREGG J  
Address: 107 KATHY LANE EAST  
City-St-Zip: FREEPORT, FL 32439

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: HALE G. ENGSTROM

D

07/04/2004

Electronic Signature of Signing Officer or Director

Date