

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45869

FILED
Jan 16, 2006
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:

ENGSTROM, HALE G.
13837 HIGHWAY 20 W
NICEVILLE, FL 32578 US

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: HALE G. ENGSTROM

01/16/2006

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

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HALE G. ENGSTROM

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date