

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47354

FILED
May 18, 2005
Secretary of State

Entity Name: BIG CORKSCREW ISLAND VOLUNTEER FIREFIGHTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES, FL 33964

New Principal Place of Business:

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES, FL 34120

Current Mailing Address:

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES, FL 33964

New Mailing Address:

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES, FL 34120

FEI Number: 65-0469306 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART, JAMES C. JR. ESQUIRE
C/O STEWAR & STORTER ATTORNEYS AT LAW
1725 CR 951 S., STE 106
NAPLES, FL 33999 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: MILLER, EDWARD
Address: 13240 IMMOKALEE
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: CARPENTER, RAY SCOTT
Address: 13240 IMMOKALEE RD.
City-St-Zip: NAPLES, FL 34120

Title: S () Delete
Name: CARPENTER, REBECCA
Address: 13240 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

Title: T () Delete
Name: ACQUARD, KAREN
Address: 13240 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARPENTER, RAY SCOTT
Address: 13240 IMMOKALEE
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change () Addition
Name: TEEHAN, ROBERT
Address: 13240 IMMOKALEE RD.
City-St-Zip: NAPLES, FL 34120

Title: S (X) Change () Addition
Name: MILLER, EDWARD
Address: 13240 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

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: KAREN M. ACQUARD

T

05/18/2005

Electronic Signature of Signing Officer or Director

Date