2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47354

FILED Jun 03, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O BIG CORKSCREW ISLAND FIRE CONTROL 13240 IMMOKALEE ROAD NAPLES, FL 34120 **Current Mailing Address: 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: Name and Address of New Registered Agent: STEWART, JAMES C. JR. ESQUIRE C/O STEWAR & STORTER ATTORNEYS AT LAW 9130 GALLERIA COURT SUITE 302 NAPLES, FL 34109 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CARPENTER, RAY SCOTT Name: Name: 13240 IMMOKALEE Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition TEEHAN, ROBERT Name: DEVAN, PAUL Name: Address: 13240 IMMOKALEE RD. Address: 13240 IMMOKALEE RD. City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120 Title: () Delete Title: (X) Change () Addition MILLER, EDWARD CARPENTER, REBECCA Name: Name: 13240 IMMOKALEE RD 13240 IMMOKALEE RD Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120 Title: () Delete Title: (X) Change () Addition Name: ACQUARD, KAREN Name: CARPENTER, REBECCA 13240 IMMOKALEE RD 13240 IMMOKALEE RD Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120 Title: () Delete Title: () Change (X) Addition ACQUARD, KAREN Name: Name: 13240 IMMOKALEE RD Address: Address: NAPLES, FL 34120 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAYSCOTT CARPENTER P 06/03/2007