

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90017 026 \*\*\*\*61.25

**DOCUMENT # N94000002853**

1. Entity Name  
**PALM COAST VOLUNTEER FIRE/RESCUE, INCORPORATED**



Principal Place of Business  
**4751 BELLE TERRE PARKWAY  
 PALM COAST, FL 32137**

Mailing Address  
**P.O. BOX 352314  
 PALM COAST, FL 32135-2314**



01062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEIFFER, HOWARD  
 46 CORMORANT CT  
 PALM COAST, FL 32137**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PEIFFER, HOWARD 46 CORMORANT CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PASCUCCI, JOHN 24 FENIMORE LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PANE, MICHAEL <del>65 PINE HAVEN DR</del> 7 Rybell Place PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SQUARCINO, PATRINA 31 WOOD CLIFT LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Peiffer* **Howard Peiffer**

*1/6/07* **1/6/07** *386-986-2307* **386-986-2307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #