

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002853

FILED
Jan 09, 2009
Secretary of State

Entity Name: PALM COAST VOLUNTEER FIRE/RESCUE, INCORPORATED

Current Principal Place of Business:

4751 BELLE TERRE PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

1250 BELLE TERRE PKWY.
PALM COAST, FL 32164

Current Mailing Address:

P.O. BOX 352314
PALM COAST, FL 321352314

New Mailing Address:

FEI Number: 59-3261089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, JOSEPH
12 FORDNEY PL
PALM COAST, FL 32137 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: PT () Delete
Name: MASTERS, JOSEPH
Address: 12 FORDNEY PL
City-St-Zip: PALM COAST, FL 32137

Title: VT () Delete
Name: PASCUCCI, JOHN
Address: 24 FENIMORE LANE
City-St-Zip: PALM COAST, FL 32137

Title: ST () Delete
Name: BRAZZANO, DANIEL
Address: 36 WEST GLEN LN
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: SQUARCINO, PATRINA
Address: 31 WOOD CLIFT LANE
City-St-Zip: PALM COAST, FL 32164

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 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: JOSEPH MASTERS

PT

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date