

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90033 030 ****70.00

| | | | | | |
|--|--------------------------------|--|---|---|--|
| DOCUMENT # N95000000042 | | | | | |
| 1. Entity Name INVERNESS VOLUNTEER FIRE DEPARTMENT, INC. | | | | | |
| Principal Place of Business 105 S APOPKA AVE INVERNESS, FL 34452 | | | Mailing Address 105 S APOPKA AVE INVERNESS, FL 34452 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | % D 5 1 , , ' 9 4 0 ' 3 1 7 2 2 0 . D & . | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03162004 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCOTT, BURD 9 105 S APOKA AVE INVERNESS, FL 34452 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 | | | DATE 3/16/04 | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE CD | NAME HARDY, RAYMOND | <input checked="" type="checkbox"/> Delete | TITLE PD | NAME Ralph Rose | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 105 S APOPKA AVE | INVERNESS, FL 34452 | | STREET ADDRESS 105 S. Apopka Ave | Inverness FL 34452 | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | Inverness FL 34452 | |
| TITLE VD | NAME COBURN, HEATHER | <input checked="" type="checkbox"/> Delete | TITLE VD | NAME Jay Love | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 105 S APOPKA AVE | INVERNESS, FL 34452 | | STREET ADDRESS 105 S. Apopka Ave | Inverness FL 34452 | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | Inverness FL 34452 | |
| TITLE PD | NAME MOECKEL, TODD | <input type="checkbox"/> Delete | TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 105 S APOPKA AVE | INVERNESS, FL 34452 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | | |
| TITLE TD | NAME BURD, SCOTT | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 105 S APOPKA AVE | INVERNESS, FL 34452 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | | |
| TITLE S | NAME DRUITT, DODI | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 105 S APOPKA AVE | INVERNESS, FL 34452 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: | | | Scott Burd | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3/16/04 352 726-2221 | | |
| | | | Date Daytime Phone # | | |