2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N95000000042

Entity Name: INVERNESS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

105 S APOPKA AVE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

105 S APOPKA AVE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, BURD 9
105 S APOKA AVE
INVERNESS, FL 34452 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: PD ( ) Delete
Name: ROSE, RALPH
Address: 105 S APOPKA AVE.
City-St-Zip: INVERNESS, FL 34452

Title: VD ( ) Delete
Name: LOVE, JAY
Address: 105 S APOPKA AVE.
City-St-Zip: INVERNESS, FL 34452

Title: CD ( ) Delete
Name: MOECKEL, TODD
Address: 105 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

Title: TD ( ) Delete
Name: BURD, SCOTT
Address: 105 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete
Name: DRUITT, DODI
Address: 105 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: LOVE, JAY
Address: 105 S APOPKA AVE.
City-St-Zip: INVERNESS, FL 34452

Title: VD (X) Change ( ) Addition
Name: TYNER, RALPH
Address: 105 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HEADLEY, CARRERA
Address: 105 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

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: SCOTT BURD TD 04/26/2005

Electronic Signature of Signing Officer or Director — Date