

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003248

FILED
Mar 22, 2009
Secretary of State

Entity Name: COUNTRY OAKS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

268 QUAIL HOLLOW BLVD.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

268 QUAIL HOLLOW BLVD.
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3269654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANDE, NICHOLAS P
415 TINKER LANE
CHIPLEY, FL 32428 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: GRANDE, NICHOLAS P
Address: 415 TINKER LANE
City-St-Zip: CHIPLEY, FL 32428

Title: VD () Delete
Name: FLAHERTY, RICHARD
Address: 3064 PINE OAKS LANE
City-St-Zip: CHIPLEY, FL 32428

Title: TS () Delete
Name: PELLETIER, MARY ANN
Address: 3031 PINE OAKS LANE
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: PELLETIER, EDGAR H
Address: 3031 PINE OAKS LANE
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: THOMPSON, BRENDA
Address: 3297 TUMBLE CREEK BLVD
City-St-Zip: CHIPLEY, FL 32428

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:

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: MARY ANN PELLETIER

TS

03/22/2009

Electronic Signature of Signing Officer or Director

Date