

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 011 ****61.25

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1. Entity Name
SKYLINE FIRE AND RESCUE DISTRICT, INC.



Principal Place of Business
**6924 HWY 87 NORTH
MILTON, FL 32570**

Mailing Address
**POST OFFICE BOX 72
MILTON, FL 32572**



02122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2418342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROYALS, WAYNE
7024 EASTGATE ROAD
MILTON, FL 32583**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D ROYALS, WAYNE 7024 EASTGATE ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICKER, IRENE 6530 SANDY LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, MICHELLE 6454 WILMA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNOSKE, FRANK 6535 JULIA DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSTA, JIM 6602 EAST MAGNOLIA ST. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny Murphy 6532 Hunter Street Milton, FL 32570

**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: *Wayne F. Royals*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18, 2006
Date Daytime Phone #