


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002880 1. Entity Name SKYLINE FIRE AND RESCUE DISTRICT, INC.	
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Principal Place of Business 6924 HWY 87 NORTH MILTON, FL 32570	Mailing Address POST OFFICE BOX 72 MILTON, FL 32572
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 MURPHY, DANNY 6532 HUNTER ST MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80046-008 61.25

**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 **04-10-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #