

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002880

FILED
Feb 06, 2009
Secretary of State

Entity Name: SKYLINE FIRE AND RESCUE DISTRICT, INC.

Current Principal Place of Business:

6924 HWY 87 NORTH
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 72
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-2418342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYALS, WAYNE
7024 EASTGATE ROAD
MILTON, FL 32583 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: D () Delete
Name: ROYALS, WAYNE
Address: 7024 EASTGATE ROAD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: KICKER, IRENE
Address: 6530 SANDY LANE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: DIAMOND, MICHELLE
Address: 6454 WILMA STREET
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: VANNOSKE, FRANK
Address: 6535 JULIA DRIVE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: MURPHY, DANNY
Address: 6532 HUNTER ST
City-St-Zip: MILTON, FL 32570

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: IRENE KICKER

D

02/06/2009

Electronic Signature of Signing Officer or Director

Date