

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002510

FILED
Jan 07, 2005
Secretary of State

Entity Name: ALTAMONTE PASS FIRE DEPARTMENT, INC.

Current Principal Place of Business:

300 BROADVIEW AVENUE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

300 BROADVIEW AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3447141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELWYN, JERRY PRES.
300 BROADVIEW AVENUE
ALTAMONTE SPRINGS, FL 32701 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: PDT () Delete
Name: SELWYN, JERRY
Address: 300 BROADVIEW AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPDS () Delete
Name: MCINTEE, MARCIA
Address: 300 BROODVIEW AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: TOHOSKY, DELIA
Address: 300 BROODVIEW AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPDS (X) Change () Addition
Name: MCINTEE, MARCIA
Address: 300 BROADVIEW AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: TOHOSKY, DELIA
Address: 300 BROADVIEW AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: JERRY SELWYN

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date