

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000003357

1. Entity Name

VENUS VOLUNTEER FIRE DISTRICT, INC.



Principal Place of Business

45 CLUBHOUSE ROAD
VENUS, FL 33960

Mailing Address

PO BOX 500
VENUS, FL 33960 US

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90256 033 ****61.25



02172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, ANDREW B
150 NORTH COMMERCE AVENUE
SEBRING, FL 33871

**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

Elizabeth O Hiee

DT

3-1-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
DVP
DEAVERS, TAMARA
108 MARKS RD
VENUS, FL 33960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GREENE, LISA
54 RUSSELL CT.
VENUS, FL 33960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HILL, BETH
180 BOB WHITE TR
VENUS, FL 33960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Tamara L Deavers

3-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #