

2007 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
Apr 26, 2007 08:00 AM
Secretary of State



04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

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

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, 2007**

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
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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:

Lisa Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

Daytime Phone #