

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744699

Entity Name: TRAVELERS' REST VOLUNTEER FIRE AND RESCUE, INC.**Current Principal Place of Business:**29129 JOHNSTON RD.
DADE CITY, FL 33523**Current Mailing Address:**29129 JOHNSTON RD.
DADE CITY, FL 33523 US**FEI Number:** 59-2193936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MINNICK, LISE
29129 JOHNSTON ROAD
LOT #2709
DADE CITY, FL 33523 US*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:** LISE MINNICK**03/03/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KUBINIEC, MARY
Address	29129 JOHNSTON ROAD LOT # 1830
City-State-Zip:	DADE CITY FL 33523

Title	PRESIDENT
Name	MINNICK, LISE
Address	29129 JOHNSTON ROAD LOT #2709
City-State-Zip:	DADE CITY FL 33523

Title	TREASURER
Name	CONANT, JIM
Address	29129 JOHNSTON RD LOT # 0514
City-State-Zip:	DADE CITY FL 33523

Title	SECRETARY
Name	JOHNSON, JANICE
Address	29129 JOHNSON ROAD LOT #1313
City-State-Zip:	DADE CITY FL 33523

Title	SERGEANT AT ARMS
Name	SMITH, TED
Address	29129 JOHNSTON ROAD LOT # 2514
City-State-Zip:	DADE CITY FL 33523

I hereby 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 all other like empowered.

SIGNATURE: LISE MINNICK**PRESSIDENT****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date