

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38664

Entity Name: FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.**Current Principal Place of Business:**7884 SW 90TH STREET
OCALA, FL 34476**Current Mailing Address:**7884 SW 90TH STREET
OCALA, FL 34476 US**FEI Number: 59-3015926****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANZA, EDWARD TREAS.
7884 SW 90TH STREET
OCALA, FL 34476 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	MCFARLAND, LINDA
Address	7520 SW 102ND L.P
City-State-Zip:	OCALA FL 34476

Title	VP
Name	FVFD
Address	7884 SW 90TH STREET
City-State-Zip:	OCALA FL

Title	SEC
Name	SOARES, CAROL
Address	9669 SW 94TH AVE
City-State-Zip:	OCALA FL 34481

Title	DIR
Name	MARELLA, DAVID
Address	8077 SW 78TH TER. RD.
City-State-Zip:	OCALA FL 34476

Title	DIR
Name	KLATT, LENNY
Address	7753 SW SR 200
City-State-Zip:	OCALA FL 34476

Title	DIR
Name	BOUCHER, ROBERT
Address	5700 SW 100TH STREET
City-State-Zip:	OCALA FL 34476

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: EDWARD LANZA**TREASURER****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date