

2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-03-2001 90060 012 ****61.25

DOCUMENT # N00000002641

1. Entity Name

IAFFOCV, INC.

Principal Place of Business

Mailing Address

C/O PINE GROVE VOLUNTEER FIRE DEPT.
 4884 MEADOW DRIVE
 ST. CLOUD FL 34772

C/O PINE GROVE VOLUNTEER FIRE DEPT.
 4884 MEADOW DRIVE
 ST. CLOUD FL 34772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3661824

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

7. Name and Address of New Registered Agent

LOWRY, MADISON W JR
C/O PINE GROVE VOLUNTEER FIRE DEPT.
4884 MEADOW DRIVE
ST. CLOUD FL 34772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MARTINEZ, PATRICIA	9053 LINCOLN ROAD	ST CLOUD FL 34773	<input type="checkbox"/>
D	DONAHUE, JOHN	8621 GOPHER LANE	ORLANDO FL 32829	<input type="checkbox"/>
D	WEYL, BARBARA A	1895 GROVE COURT	KISSIMMEE FL 34740	<input type="checkbox"/>
D	BERWANGER, KEN	118 BIANCA COURT	KISSIMMEE FL 34758	<input checked="" type="checkbox"/>
D	WHITFIELD, ROY F	3799 RAMBLER AVE	ST CLOUD FL 34772	<input type="checkbox"/>
D	TAYLOR, BILL	1570 CHERI COURT	KISSIMMEE FL 34744	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Ron Meyke	PO Box 453211	Kissimmee, FL, 34745	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bob Wiker	1902 Penfield St	Kissimmee, FL, 34741	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* President 4/10/01 407-892-7892
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #