

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 759941

1. Entity Name

CROSS CREEK VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

19109 S. COUNTY ROAD 325
HAWTHORNE FL 32640
US

Mailing Address

19109 S CR 325
HAWTHORNE FL 32640
US

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

59-2887725

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARTRIDGE, RALPH
17603 S CR 325
HAWTHORNE FL 32640

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME ANGELL, ANNE T.
STREET ADDRESS 14224 SE 180TH PLACE
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE TD ☐ Delete
NAME ANGELL, PETER J.
STREET ADDRESS 14224 SE 180TH PLACE
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE VD ☐ Delete
NAME WHEELER, LILLIAN
STREET ADDRESS 14802 SE 183RD AVE
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE VD ☐ Delete
NAME ELLIOTT, BARBARA S.
STREET ADDRESS 15417 SE 182ND AVE
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE PD ☐ Delete
NAME PARTRIDGE, RALPH
STREET ADDRESS 17603 S CR 325
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000255817
03/08/05-80031-001 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Peter J. Angell PETER J. ANGELL 2/25/05 (352) 466-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #