

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759941

FILED
Jan 07, 2008
Secretary of State

Entity Name: CROSS CREEK VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

19109 S. COUNTY ROAD 325
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

19109 S CR 325
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-2887725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTRIDGE, RALPH
17603 S CR 325
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ANGELL, ANNE T.,
Address: 14224 SE 180TH PLACE
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: ANGELL, PETER J.,
Address: 14224 SE 180TH PLACE
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: PINNER, MARILYNN L
Address: 22713 S.E. 177 AVE
City-St-Zip: ISLAND GROVE, FL 32654

Title: VD () Delete
Name: ELLIOTT, BARBARA S.,
Address: 15417 SE 182ND AVE
City-St-Zip: HAWTHORNE, FL 32640

Title: PD () Delete
Name: PARTRIDGE, RALPH
Address: 17603 S CR 325
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GENTON, JEAN H
Address: 16209 S COUNTY ROAD 325
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEAN H GENTON

TREA

01/07/2008

Electronic Signature of Signing Officer or Director

Date