

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004698

FILED
Jun 24, 2009
Secretary of State

Entity Name: INDEPENDANT FIRE AND RESCUE INC.

Current Principal Place of Business:

2045 C.R. 204
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

2045 C.R. 204
OXFORD, FL 34484

New Mailing Address:

P.O. BOX 381
OXFORD, FL 34484

FEI Number: 59-3691159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUHNS, J.C.
2045 CR 204
OXFORD, FL 34484 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: DCH () Delete
Name: KUHNS, J.C.
Address: 2045 C.R. 204
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: KUHNS, JOE
Address: 2045 C. R. 204
City-St-Zip: OXFORD, FL 34484

Title: DEMENT () Delete
Name: THALGOTT, JAMES A
Address: 12181 N 301
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: PUMPHERY, PAUL
Address: 604 N OLD WIRE ROAD
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: EWAN, KENNETH
Address: 212 E MCLENDON ST
City-St-Zip: LADY LAKE, FL 32159

Title: SL () Delete
Name: HELENE, MARCY C
Address: 2045 C.R. 204
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: J.C. KUHNS

DCH

06/24/2009

Electronic Signature of Signing Officer or Director

Date