
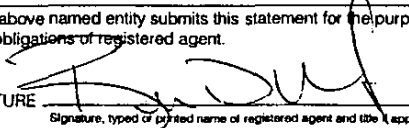
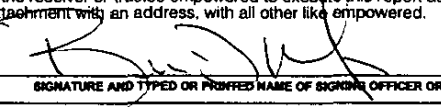


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90023 036 \*\*\*\*70.00

DOCUMENT # N01000001072					
1. Entity Name BLACKMAN FIRE DISTRICT, INC.					
Principal Place of Business 1850 HWY 2 BAKER, FL 32531		Mailing Address 1850 HWY 2 BAKER, FL 32531			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 279			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BAKER FL		4. FEI Number 59-3461694	
Zip		Zip 32531		Country USA	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COOK, JEANETTE C 7638 HWY 189 N BAKER, FL 32531			7. Name and Address of New Registered Agent Name: MORGAN, BEN D Street Address (P.O. Box Number is Not Acceptable): 2229 HWY 2 City: BAKER FL Zip Code: 32531		
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: 		BEN D MORGAN		9 FEB 08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TEW, ALLEN D 7491 RED BARROW RD BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAWSON, JAMES L 1996 GRADY BAGGETT RD BAKER FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ANDORIA C 7740 RED BARROW ROAD BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, MICHAEL S 8130 JORDAN ROAD BAKER FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JEANETTE C 7638 HWY 189 N. BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGAN, BEN D. 2229 HWY 2 BAKER FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTNEY, EMMERIE J 7378 OLD RIVER RD BAKER, FL 32531	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORBIN, CHRISTY C 7688 HWY 189 N BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAHAM, JAMES W 1471 HWY C 180 BAKER, FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		BEN D MORGAN		9 FEB 08 850-537-6457	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	