

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90058 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N43171</b><br>1. Entity Name<br><b>CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |
| Principal Place of Business<br><b>5769 SW CR 141</b><br><b>JASPER, FL 32052 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                     | Mailing Address<br><b>5769 SW CR 141</b><br><b>JASPER, FL 32052 US</b>                                                                                                           |                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                                                                  |                                                                                              |  |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | City & State<br><br>Zip                                                             |                                                                                                                                                                                  | 4. FEI Number<br><b>65-0260877</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                               |                                                                                                                                                                                  |                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><b>MCCORMICK, JOHN H</b><br><b>215 N.E. 2ND STREET</b><br><b>JASPER, FL 32052</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |
| <b>Filing Fee is \$61.28</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                 |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                     |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br><b>SMITH, WILLIAM</b><br><b>7793 SW 79TH DR</b><br><b>JASPER, FL 32052</b><br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br><b>SMITH, WILLIAM</b><br><b>7793 SW 79TH DRIVE</b><br><b>JASPER, FL 32052</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | V. President<br><b>Margaret McDonald</b><br><b>4668 SW 69th Drive</b><br><b>Jasper, FL 32052</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br><b>DEROCCO, LADDIE</b><br><b>4976 NW 42ND PLACE</b><br><b>JASPER, FL 32052</b><br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br><b>CARLBLE, KATHY</b><br><b>4183 NW 49TH COURT</b><br><b>JASPER, FL 32052</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | S<br><b>Robin L. DeRocco</b><br><b>4976 N.W. 42nd Place</b><br><b>Jasper, FL 32052</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |
| <b>SIGNATURE: J.R. DeRocco Treasurer 4/15/08 286-938-4850</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                                                                                                  |                                                                                              |  |