# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 26, 2006 8:00 am**
**Secretary of State**
04-26-2006 90172 038 ****61.25

DOCUMENT # N02707

1. Entity Name

THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13721 EDITH RD<br>LOXAHATCHEE FL 33470<br>US | 13721 EDITH RD<br>LOXAHATCHEE FL 33470<br>US |

1st MOORE CR2E037 (10/05)

| 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 65-0051351 ☐ 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 |
|---|---|
| HISCOCK, JOHN E.<br>13721 EDITH RD<br>LOXAHATCHEE FL 33470-4911 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTC<br>HISCOCK, JOHN E.<br>13721 EDITH RD<br>LOXAHATCHEE FL 33470 | ☐ Delete | D<br>Swart Mae J<br>6614 Belvedere Rd.<br>West Palm Beach, Fl 33413 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WARREN, RAYMOND B.<br>14 RECHAEL RD.<br>LAKE WORTH FL 33463 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>QUIRK, R.R. ← NOTE K.R.<br>5546 WEST ROAD<br>LAKE WORTH FL 33-4636 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCHAN, LARRY<br>428 WAYMAN CIRCLE<br>WEST PALM BEACH FL 33413 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, JEFFREY<br>PO BOX 993<br>BELLE GLADE FL 33430 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, ROGER<br>15870 41ST LANE<br>LOXAHATCHEE FL 33470 | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** John E Hiscock John E Hiscock April 1706 561 793 6924