

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728050

**Entity Name:** CRAWFORDVILLE VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**88 CEDAR LANE  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**P.O. BOX 490  
CRAWFORDVILLE, FL 32327 US**FEI Number:** 59-2381251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**D'ARCY, BRAZIER  
60 HOLIDAY DR  
CRAWFORDVILLE, FL 32327 US*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**Officer/Director Detail :**

Title	D
Name	POSEY, JIM
Address	44 WINDY COURT
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	HINDLE, KARL
Address	475 WHIDDON LAKE RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	T
Name	HARVEY, LETTIE
Address	39 HOME STRETCH LANE, APT A1
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	BRAZIER, IAN
Address	130 DOGWOOD DRIVE.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	P
Name	MEANEY, MICHAEL
Address	88 CEDAR AVENUE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	BOWMAN, CLAUDE A
Address	88 CEDAR AVENUE
City-State-Zip:	CRAWFORDVILLE FL 32327

*I hereby 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 all other like empowered.*

**SIGNATURE:** LETTIE HARVEY

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02/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date