

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02707

Entity Name: THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.**Current Principal Place of Business:**13721 EDITH RD
LOXAHATCHEE, FL 33470**Current Mailing Address:**13721 EDITH RD
LOXAHATCHEE, FL 33470 US**FEI Number:** 65-0051351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HISCOCK, JOHN E
13721 EDITH RD
LOXAHATCHEE, FL 33470-4911 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	PTC
Name	HISCOCK, JOHN E
Address	13721 EDITH RD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	S
Name	QUIRK, K.R.
Address	5546 WEST ROAD
City-State-Zip:	LAKE WORTH FL 33463

Title	D
Name	SWART, MAE
Address	6614 BELVEDERE ROAD
City-State-Zip:	WEST PALM BEACH FL 33413

Title	V
Name	WARREN, RAYMOND
Address	14 RECHAEAL RD.
City-State-Zip:	LAKE WORTH FL 33463

Title	D
Name	BUCHAN, LARRY
Address	428 WAYMAN CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33413

Title	D
Name	SMITH, ROGER
Address	15870 41ST LANE
City-State-Zip:	LOXAHATCHEE FL 33470

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: JOHN HISCOCK**PRES****01/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date