

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007612

**Entity Name:** CLEWISTON VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

120 COMMERCIO ST  
CLEWISTON, FL 33440

**Current Mailing Address:**

PO BOX 1120  
CLEWISTON, FL 33440

**FEI Number: 27-1019542**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUNTON, ROBERT S SR.  
813 W AZTEC AVE  
CLEWISTON, FL 33440 US

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC1819085494**

*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 P  
Name HUNTON, ROBERT S SR.  
Address 813 W AZTEC AVE  
City-State-Zip: CLEWISTON FL 33440

Title DIR  
Name REESE, TRAVIS J SR.  
Address 807 CARIBBEAN AVE.  
City-State-Zip: CLEWISTON FL 33440

Title DIR  
Name HUTTON, ROBERT JR  
Address 813 WEST AZTEC AVE  
City-State-Zip: CLEWISTON FL 33440

Title S/T  
Name BREIFMAN, SAMUEL  
Address 305 EAST ARCADE AVE  
City-State-Zip: CLEWISTON FL 33440

Title VP  
Name MCDUFFIE W, ILLIAM H J R  
Address 509 E SAGAMORE  
City-State-Zip: CLEWISTON FL 33440

Title DIR  
Name DAMMS, ADRIA A  
Address 519 WEST AZTEC AVE  
City-State-Zip: CLEWISTON FL 33440

*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: TRAVIS REESE**

**DIRECTOR**

**04/21/2015**

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

\_\_\_\_\_  
Date