

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000012050

**Entity Name:** BLACKMAN FIRE DISTRICT CORPORTION

**Current Principal Place of Business:**

1850 HIGHWAY 2  
BAKER, FL 32531

**Current Mailing Address:**

P.O. BOX 279  
BAKER, FL 32531

**FEI Number: 27-3259410**

**Certificate of Status Desired: Yes**

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

LAWSON, JAMES L  
1996 GRADY BAGGETT ROAD  
BAKER, FL 32531 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            COMM  
Name            LAWSON, JAMES L  
Address        1996 GRADY BAGGETT ROAD  
City-State-Zip: BAKER FL 32531

Title            COMM  
Name            CUNNINGHAM, LARRY  
Address        7558 RED BARROW ROAD  
City-State-Zip: BAKER FL 32531

Title            COMM  
Name            MERRITT, WADE  
Address        8015 PEACOCK ROAD  
City-State-Zip: BAKER FL 32531

Title            COMMISSIONER  
Name            LAWSON , STEVEN DWAYNE  
Address        1990 GRADY BAGGETT ROAD  
City-State-Zip: BAKER FL 32531

Title            COMMISSIONER  
Name            FOUNTAIN , STEPHEN LADEL  
Address        7525 SHERMAN KENNEDY ROAD  
City-State-Zip: BAKER FL 32531

Title            FIRE CHIEF  
Name            MELANSON, DUANE  
Address        6162 HOLLOWAY ROAD  
City-State-Zip: BAKER FL 32531

*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: JAMES L LAWSON**

**COMMISSIONER**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date