

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704075

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** CLAY COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 EVERETT AVENUE  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 550  
MIDDLEBURG, FL 320500550 US

**New Mailing Address:**

**FEI Number:** 59-3326072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHARTON, LAWRENCE I  
4003 EVERETT AVE  
MIDDLEBURG, FL 32068 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WHARTON, LARRY  
Address: 4320 CHINCHILLA CT.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: V ( ) Delete  
Name: HEIMBACH, LEON  
Address: P.O. BOX 1376  
City-St-Zip: MIDDLEBURG, FL 32050

Title: T ( ) Delete  
Name: WHARTON, JANET  
Address: 4320 CHINCHILLA CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD ( ) Delete  
Name: THOMAS, JOHN  
Address: 1853 WELLS RD, APT 153  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: KUHLEWEIN, TERRY  
Address: 3690 LA COSTA CT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY WHARTON

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date