

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706080

FILED
Feb 13, 2007
Secretary of State

Entity Name: THE HIGHLAND CITY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY, FL 338460217

New Principal Place of Business:

4104 CLUBHOUSE ROAD
HIGHLAND CITY, FL 338460217

Current Mailing Address:

4104 CLUBHOUSE ROAD
PO BOX 217
HIGHLAND CITY, FL 338460217

New Mailing Address:

PO BOX 217
HIGHLAND CITY, FL 338460217

FEI Number: 59-2254076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALONDE, WILLIAM
210 CAREY PLACE
LAKELAND, FL 33803 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: PD () Delete
Name: GREEN, AL
Address: CREWS LAKE HILLS LOOP N #2504
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: SHORT, DAWN
Address: 4417 LAUREL AVE SE
City-St-Zip: HIGHLAND CITY, FL 33846

Title: S () Delete
Name: WEBSTER, JORDAN
Address: 2681 PINE BRUSH DR.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: PRINCE, ROBERT
Address: 1970 HIGH VISTA DR.
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: LALONDE, WILLIAM
Address: 210 CAREY PLACE
City-St-Zip: LAKELAND, FL 33803

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 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: WILLIAM LALONDE

VP

02/13/2007

Electronic Signature of Signing Officer or Director

Date