

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706160

1. Entity Name
SOUTHPORT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**2115 HWY 2321
SOUTHPORT, FL 32409**

Mailing Address
**2115 HWY 2321
SOUTHPORT, FL 32409**

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-0043100

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ERVIN PAGE
HWY 77 A
SOUTHPORT, FL 32409**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT AUSTIN, BOBBY 10487 MILLER CIR YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RONNIE 8825 SILVERLEAF AVE. SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, LESIL 8821 SILVERLEAF AV PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHAEL 8821 SILVERLEAF AV PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, GERALD 2621 HIGHWAY 2321 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000955065
07/16/08-80001-017 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #