

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706160

FILED  
Jul 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2115 HWY 2321  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

2115 HWY 2321  
SOUTHPORT, FL 32409

**New Mailing Address:**

8821 SILVERLEAF AV  
SOUTHPORT, FL 32409

**FEI Number:** 04-0043100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ERVIN PAGE  
HWY 77 A  
SOUTHPORT, FL 32409 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: CDT ( ) Delete  
Name: AUSTIN, BOBBY  
Address: 10487 MILLER CIR  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D ( ) Delete  
Name: TAYLOR, RONNIE  
Address: 8825 SILVERLEAF AVE.  
City-St-Zip: SOUTHPORT, FL 32409

Title: DS ( ) Delete  
Name: TAYLOR, LESIL  
Address: 8821 SILVERLEAF AV  
City-St-Zip: PANAMA CITY, FL 32409

Title: D ( ) Delete  
Name: TAYLOR, MICHAEL  
Address: 8821 SILVERLEAF AV  
City-St-Zip: PANAMA CITY, FL 32409

Title: D ( ) Delete  
Name: MERRITT, GERALD  
Address: 2621 HIGHWAY 2321  
City-St-Zip: SOUTHPORT, FL 32409

**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: LESIL TAYLOR

DS

07/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date