


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90166 004 \*\*\*\*61.25

<b>DOCUMENT # 708360</b> 1. Entity Name <b>SOUTHWEST VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business CORNER OF PARK AND BALSAM STREETS PO BOX 1646 PALATKA, FL 32178-1646 US			Mailing Address CORNER OF PARK AND BALSAM STREETS PO BOX 1646 PALATKA, FL 32178-1646 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1857090</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEATON, LAURENCE F. 627 CRILL AVENUE PALATKA, FL 32177-2139			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEATON, ROBERT A. 139 CABLE ROAD PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, RICHARD A 102 WESTOVER CIR PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, RICHARD A 2632 SILVER LAKE DRIVE PALATKA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, RONALD E. 227 SILVER LAKE ROAD PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNEY, JAMES W 6110 WEST 6TH MANOR PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPION, TRAVIS P 143 SPORTSMAN ROAD SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSITER, LARRY E 279 E PENIEL RD PALATKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, JOSEPH J 1819 ROSELLE AVE. PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, JOSEPH J 102 HIGHLAWN AVENUE PALATKA, FL	
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: <i>Robert A. Beaton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Robert A. Beaton Date		
			4/21/2007 (386) 329-0869 Daytime Phone #		