


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 708766 1. Entity Name 21ST PRECINCT VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 110 MULBERRY ST POST OFFICE BX 46 BOSTWICK, FL 32007 US	Mailing Address 110 MULBERRY ST POST OFFICE BX 46 BOSTWICK, FL 32007 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7452505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, TROY 126 PRICE ST BOSTWICK, FL 32007

**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 May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000869756 04/09/08-80063-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEPPARD, WARREN RT. 2, BOX 5060 PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, TROY PRICE ST BOSTWICK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYMONDS, WENDY K MULBERRY ST 132 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wendy H Symonds Wendy H. Symonds 3/9/08 386-3282807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #