

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 711732

1. Entity Name
**FLORAHOME AND GRANDIN VOLUNTEER FIRE
DEPARTMENT, INC.**



Principal Place of Business
**201 WEST OHIO STREET
FLORAHOME, FL 32140 US**

Mailing Address
**PO BOX 222
FLORAHOME, FL 32140 US**



07032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1797080	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRICE, RON
105 N CEDAR AVE
FLORAHOME, FL 32140**

**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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PRICE, VICKI
STREET ADDRESS	105 N CEDAR AVE
CITY-ST-ZIP	FLORAHOME, FL 32140
TITLE	T
NAME	STEELE, LISA
STREET ADDRESS	P.O. BOX 182
CITY-ST-ZIP	FLORAHOME, FL 32140
TITLE	D
NAME	JAMES, BILL
STREET ADDRESS	106 INDIAN LAKE LANE
CITY-ST-ZIP	FLORAHOME, FL
TITLE	D
NAME	PRICE, CALVIN
STREET ADDRESS	407 IVEY AVENUE N.
CITY-ST-ZIP	FLORAHOME, FL 32140
TITLE	V
NAME	HUBNER, CHRISSY
STREET ADDRESS	122 N. SIPPRESS RD.
CITY-ST-ZIP	FLORAHOME, FL 32140
TITLE	P
NAME	PRICE, RONALD
STREET ADDRESS	105 NORTH CEDAR AVENUE PO BOX 337
CITY-ST-ZIP	FLORAHOME, FL 32140

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07/12/06-80005-009 70.00

**DO NOT WRITE
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:

Ron Price Ron Price

7/3/06 (386)659-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #