

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 713608	
1. Entity Name THE WALNUT HILL VOLUNTEER FIRE DEPARTMENT, INCORPORATED	



Principal Place of Business 7760 HWY 97 PO BOX 58 WALNUT HILL, FL 32568	Mailing Address 7760 HWY 97 PO BOX 58 WALNUT HILL, FL 32568
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01092006 No Chg-NP GR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2421482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STARK, CHARLES 3801 LAMBERT BRIDGE RD. MCDAVID, FL 32568
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**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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	1100000384500 01/17/06-80015-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHRISTOPHER 7915 HWY 97 WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STARK, CHARLES 7760 HIGHWAY 97 WALNUT HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STEWART, ROBERT 7530 MORTON ROAD CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGBY, TERRY D 4180 HWY 99A WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, JEFF 4301 HWY 99, N. WALNUT HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMBY, JAMES PO BOX 36 MCDAVID, FL 32568

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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 any other like empowered.

SIGNATURE:	CHARLES STARK	1-9-06	251-368-9260
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone</small>