2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #717748

1. Entity Name

INGLIS VOLUNTEER FIRE DEPARTMENT, INC.



FILED Apr 08, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

11231 SE 112 TERR INGLIS, FL 34449 11231 SE 112 TERR INGLIS, FL 34449



04052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1722164

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSMAN, ROGER L 11231 SE 112 TERR INGLIS, FL 34449

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		1			
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 remarkating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financir Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDOL, ROGER 19851 SOUTHEAST 116TH STREET INGLIS, FL 34449				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, WILLIAM 20297 SW 115 AVE INGLIS, FL 34449				Hannnesessa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSSMAN, MARY A 11231 SE 112 TR INGLIS, FL 34449		04/18/08-80075-008 70.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLNER, JOSEPH 19431 SE 58TH AVE INGLIS, FL 34449				
TITLE NAME STREET ADDRESS	S RODGERS, LISA BOX 978 US. 19 NORTH				

12. I hereby certify that the information supplied with this filling 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 ceth; 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:

INGLIS, FL 34449

INGLIS, FL 34449

DUTKICWICZ, JEFFREY

19650 SE VICK STREET

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-08

352 447-2039

Date

Daytime Phone 4