

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718327

FILED
Jan 08, 2008
Secretary of State

Entity Name: GEORGETOWN-FRUITLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1409 CR 309
GEORGETOWN, FL 32139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8
GEORGETOWN, FL 321390008

New Mailing Address:

FEI Number: 59-1990913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, PATRICIA A
1474 CR 309
GEORGETOWN, FL 32139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BABBITT, EDWARD E
Address: P.O. BOX 5
City-St-Zip: GEORGETOWN, FL 32139

Title: D () Delete
Name: SMITH, OSGOOD J.
Address: STAR RT 1, BOX 145
City-St-Zip: CRESCENT CITY, FL 32112

Title: VP () Delete
Name: NYQUIST, HARRY
Address: 152 POINT PLEASANT CIRCLE
City-St-Zip: GEORGETOWN, FL 32139

Title: SD () Delete
Name: MILLER, THERESA
Address: P.O. BOX 693
City-St-Zip: GEORGETOWN, FL 32139

Title: D () Delete
Name: BABBITT, LOUISE
Address: P.O. BOX 5
City-St-Zip: GEORGETOWN, FL 32139

Title: T/D () Delete
Name: BOYD, PATRICIA A
Address: 1474 CR 309
City-St-Zip: GEORGETOWN, FL 32139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BOYD

TRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date