2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 719102

1. Entity Name
ALLIGATOR POINT VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business	Mailing Address
1374 ALLIGATOR DR ALLIGATOR PT, FL 32346 US	P.O. BOX 291 PANACEA, FL 32346 US

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1789963

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEHAVEN, WESTI JO
1034 GULF SHORE BLVD.
ALLIGATOR POINT, FL 32346

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MCCALLISTER, ALLECIA
STREET ADDRESS	1320 ALLIGATOR DR
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	PD
NAME	GRIFFIN, KEVIN
STREET ADDRESS	1443 ALLIGATOR DRIVE
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	TD
NAME	DEHAVEN, WESTI JO
STREET ADDRESS	1034 GULF SHORT BOULEVARD
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	V
NAME	PARKER, PAUL
STREET ADDRESS	632 MARINER CR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80014-001 61.25

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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: Westi Jo DeHaven, Treasurer 4/17/2006 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Title

Westi Jo DeHaven, Treasurer