

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90054 025 \*\*\*\*61.25

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
SD  
MCCALLISTER, ALLECIA ☒ Delete  
STREET ADDRESS  
1320 ALLIGATOR DR  
CITY-ST-ZIP  
PANACEA FL 32346

TITLE  
NAME  
SD Paul Parker ☐ Change ☒ Addition  
STREET ADDRESS  
432 Mariner Cr.  
CITY-ST-ZIP  
Alligator Pt., FL 32346

TITLE  
NAME  
PD  
GRIFFIN, KEVIN ☒ Delete  
STREET ADDRESS  
1443 ALLIGATOR DRIVE  
CITY-ST-ZIP  
ALLIGATOR POINT FL 32346

TITLE  
NAME  
PD John Murphy ☐ Change ☒ Addition  
STREET ADDRESS  
766 Alligator Dr.  
CITY-ST-ZIP  
Alligator Point, FL 32346

TITLE  
NAME  
TD  
DEHAVEN, WESTI JO ☐ Delete  
STREET ADDRESS  
1034 GULF SHORE BOULEVARD  
CITY-ST-ZIP  
PANACEA FL 32346

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
V  
PARKER, PAUL ☒ Delete  
STREET ADDRESS  
632 MARINER CR  
CITY-ST-ZIP  
ALLIGATOR POINT FL 32346

TITLE  
NAME  
V Jeff Little ☐ Change ☒ Addition  
STREET ADDRESS  
1320 Alligator Dr.  
CITY-ST-ZIP  
Alligator Point, FL 32346

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Westi Jo DeHaven, Treasurer 4/5/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #