

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 010 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # 719102 | | | | | |
| 1. Entity Name ALLIGATOR POINT VOLUNTEER FIRE DEPARTMENT, INC | | | | | |
| Principal Place of Business 1374 ALLIGATOR DR ALLIGATOR PT, FL 32346 US | | | Mailing Address 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 | 4. FEI Number 59-1789963 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEHAVEN, WESTI JO 1034 GULF SHORE BLVD. ALLIGATOR POINT, FL 32346 | | | 7. Name and Address of New Registered Agent Name <u>Paul B Parker</u> Street Address (P.O. Box Number is Not Acceptable) <u>632 Mariner Circle</u> City <u>Alligator Point</u> FL Zip Code <u>32346</u> | | |
| 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 <u>[Signature]</u> 1/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 SD NAME PARKER, PAUL STREET ADDRESS 632 MARINER CR. CITY-ST-ZIP ALLIGATOR PT, FL 32346 | <input type="checkbox"/> Delete | | TITLE TO NAME PRICE, ANN STREET ADDRESS 28 CARNIVAL LANE CITY-ST-ZIP ALLIGATOR PT, FL 32346-5137 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE PD NAME MURPHY, JOHN STREET ADDRESS 766 ALLIGATOR DR. CITY-ST-ZIP ALLIGATOR POINT, FL 32346 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME DEHAVEN, WESTI JO STREET ADDRESS 1034 GULF SHORE BOULEVARD CITY-ST-ZIP PANACEA, FL 32346 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Kevin Griffin STREET ADDRESS 1433 Alligator Dr CITY-ST-ZIP Alligator Point FL 32346 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME LITTLE, JEFF STREET ADDRESS 1320 ALLIGATOR DR. CITY-ST-ZIP ALLIGATOR POINT, FL 32346 | <input checked="" type="checkbox"/> Delete | | TITLE SO NAME Alecia McAllister STREET ADDRESS 652 Oak St CITY-ST-ZIP Alligator Point, FL 32346 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>[Signature]</u> <u>Paul B Parker</u> | | | Date <u>1/15/08</u> Daytime Phone # <u>850-349-9599</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |