

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719102

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** ALLIGATOR POINT VOLUNTEER FIRE DEPARTMENT, INC

**Current Principal Place of Business:**

1374 ALLIGATOR DR  
ALLIGATOR PT, FL 32346 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291  
PANACEA, FL 32346 US

**New Mailing Address:**

**FEI Number:** 59-1789963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKER, PAUL B  
632 MARINER CIRCLE  
ALLIGATOR POINT, FL 32346 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: VP  
Name: PARKER, PAUL  
Address: 632 MARINER CR.  
City-St-Zip: ALLIGATOR PT, FL 32346

Title: S  
Name: MURPHY, JOHN  
Address: 766 ALLIGATOR DR.  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: D  
Name: GRIFFIN, KEVIN  
Address: 1433 ALLIGATOR DR  
City-St-Zip: PANACEA, FL 32346

Title: D  
Name: LITTLE, JEFF  
Address: 652 OAK STREET  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: T  
Name: PRICE, ANN  
Address: 28 CARNIVAL LANE  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: PD  
Name: FLING, STEVE  
Address: 22 MARDI GRAS  
City-St-Zip: ALLIGATOR POINT, FL 32346

I hereby 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 all other like empowered.

SIGNATURE: ANN PRICE

T

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date