2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
01-25-2008 90034 031 ****61.25

DOCUMENT # 720472

1. Entity Name
ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

bbUU18U7

Principal Place of Business	Mailing Address
9591 N.E. 21ST AVE ANTHONY, FL 32617	~~9591 N.E. 21ST AVE~~ ~~ANTHONY, FL 32617~~ 4504 S.E 11 PL OCALA FL. 34

01142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1938639

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAVEN, JIM
4504 S.E. 11 PL
OCALA, FL 34471

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCARTHY, EUGENE
STREET ADDRESS	2180 NE 90TH ST
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	V
NAME	HAVEN, JIM
STREET ADDRESS	4504 SE 11 PL
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ST
NAME	JOHNSON, GORDON
STREET ADDRESS	4637 SE 35 AVE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	MACCARTHY, ROBIN
STREET ADDRESS	2180 NE 90TH ST
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/27/08 352-266-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #