

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720472

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

9591 N.E. 21ST AVE  
ANTHONY, FL 32617

**New Principal Place of Business:**

**Current Mailing Address:**

4504 S.E. 11 PL  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-1938639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAVEN, JIM  
4504 S.E. 11 PL  
OCALA, FL 34471 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: P ( ) Delete  
Name: MCCARTHY, EUGENE  
Address: 2180 NE 90TH ST  
City-St-Zip: ANTHONY, FL 32617

Title: V ( ) Delete  
Name: HAVEN, JIM  
Address: 4504 SE 11 PL  
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete  
Name: JOHNSON, GORDON  
Address: 4637 SE 35 AVE  
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete  
Name: MACCARTHY, ROBIN  
Address: 2180 NE 90TH ST  
City-St-Zip: ANTHONY, FL 32617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM HAVEN

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

VICE

01/05/2009

\_\_\_\_\_  
Date