

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 722757

1. Entity Name
PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.



Principal Place of Business
**2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON, FL 33440 US**

Mailing Address
**2499 HENDRY ISLES BLVD.
CLEWISTON, FL 33440**

DO NOT WRITE IN THIS SPACE



07082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2369541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TIMMS, EDITH
2499 HENDRY ISLES BLVD.
RT 2, BOX 1290
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | TIMMS, EDITH |
| STREET ADDRESS | 4550 23RD ST |
| CITY-ST-ZIP | CLEWISTON, FL |
| TITLE | SD |
| NAME | DANIEL, ARTHUR |
| STREET ADDRESS | 2851 HENDRY ISLES BLVD |
| CITY-ST-ZIP | CLEWISTON, FL 33440 |
| TITLE | D |
| NAME | SEYMOUR, GAIL |
| STREET ADDRESS | 890 ARCADIA AVE |
| CITY-ST-ZIP | CLEWISTON, FL 33440 |
| TITLE | VD |
| NAME | TIMMS, RAYMOND |
| STREET ADDRESS | 4550 23RD ST |
| CITY-ST-ZIP | CLEWISTON, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000954618
07/14/08-80007-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Edith Timms* **Edith Timms**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08

Date

863-983-9533

Daytime Phone #