

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

DOCUMENT # 727006

1. Entity Name
SATSUMA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**103 FIRST ST
PO BOX 125
SATSUMA, FL 32189-128 US**

Mailing Address
**103 FIRST ST
PO BOX 125
SATSUMA, FL 32189-128 US**

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7358254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTHRIE, JEFF
1170 HWY 17 SOUTH
SATSUMA, FL 32189**

**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 *Jeff Guthrie*

9-11-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
D
NAME
GUTHRIE, JEFF
STREET ADDRESS
1170 HWY 17 S
CITY-ST-ZIP
SATSUMA, FL 32189

TITLE
PD
NAME
ROSE, RC
STREET ADDRESS
122 MICHENER AVE
CITY-ST-ZIP
SATSUMA, FL 32189

TITLE
VP
NAME
BATEMAN, JODY
STREET ADDRESS
119 INGRAHAM DR
CITY-ST-ZIP
SATSUMA, FL 32189

TITLE
TD
NAME
GUTHRIE, AMANDA
STREET ADDRESS
1170 B HWY 17 S
CITY-ST-ZIP
SATSUMA, FL 32189

TITLE
S
NAME
ERICSON, REX
STREET ADDRESS
115 FOLKLOFE DR
CITY-ST-ZIP
SATSUMA, FL 32189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000959820
09/18/08-80001-007 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-08

Date

386-649-9878

Daytime Phone #