2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90116 004 ****61.25

DOCUMENT # 728050

1. Entity Name
CRAWFORDVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
88 CEDAR LANE CRAWFORDVILLE, FL 32327 US	P.O. BOX 490 CRAWFORDVILLE, FL 32327 US

01222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2381251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'ARCY, BRAZIER 60 HOLIDAY DR CRAWFORDVILLE, FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 4-14-08
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 May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWHORN, LARRY 61 LAMAR CT CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Tim~~ Posey, Jim 44 Windy Court Crawfordville, Fl 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINDLE, KURT 315 SWEETWATER CIR CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~Richard~~ Rhea, Richard 58 Cedar Ave Crawfordville, Fl 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SLAYTON, CHAD 91 TRUMPET LN CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOUDE, CHRISTOPHER 139 CRYSTAL LANE CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hindle, Karl 475 Whiddon Lake Rd Crawfordville, Fl 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSTIC, DAVID 2 SUMMER RD CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Bowman, Andy~~ D Bowman, Andy 68 Purple Martin Cove Crawfordville, Fl 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARVEY, LETTIE 296 TRICE LANE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	39 Home Stretch Lane, Apt A1	☒ Change ☐ Addition

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: Lettie Harvey Lettie Harvey 4-14-08 850-933-4469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #