

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728050

FILED
Apr 18, 2009
Secretary of State

Entity Name: CRAWFORDVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

88 CEDAR LANE
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2381251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ARCY, BRAZIER
60 HOLIDAY DR
CRAWFORDVILLE, FL 32327 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: D () Delete
Name: POSEY, JIM
Address: 44 WINDY COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: RHEA, RICHARD
Address: 58 CEDAR AVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: SLAYTON, CHAD
Address: 91 TRUMPET LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: HINDLE, KARL
Address: 475 WHIDDON LAKE RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BOWMAN, ANDY
Address: 68 PURPLE MARTIN COVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: HARVEY, LETTIE
Address: 39 HOME STRETCH LANE, APT A1
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POSEY, JIM
Address: 44 WINDY COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: BRAZIER, IAN
Address: 130 DOGWOOD DRIVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: MEISTER, JOHN
Address: 23 MAPLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change () Addition
Name: BOWMAN, CLAUDE A
Address: 196 SAVANNAH FOREST CIRCLE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: BOSTIC, DAVID
Address: 2 SUMMER RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LETTIE HARVEY

T

04/18/2009

Electronic Signature of Signing Officer or Director

Date