2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# 728050

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: VP
Name: POSEY, JIM
Address: 44 WINDY COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: BRAZIER, IAN
Address: 130 DOGWOOD DRIVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MEISTER, JOHN
Address: 23 MAPLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P
Name: BOWMAN, CLAUDE A
Address: 9 KING ARTHURS COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MEANEY, MICHAEL
Address: 88 CEDAR AVENUE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

I hereby 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 all other like empowered.

SIGNATURE: LETTIE HARVEY T 02/18/2011
Electronic Signature of Signing Officer or Director Date