

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728050

FILED
Feb 22, 2012
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
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: HINDLE, KARL
Address: 475 WHIDDON LAKE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: VP
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

02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date