

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728885

FILED
Jul 05, 2007
Secretary of State

Entity Name: WINDSOR VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1401 S.E. COUNTY RD. 234
GAINESVILLE, FL 326019607

New Principal Place of Business:

Current Mailing Address:

1401 S.E. COUNTY RD. 234
GAINESVILLE, FL 326019607

New Mailing Address:

FEI Number: 59-6560024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNETTE, JIM
13607 S.E. 9TH PLACE
GAINESVILLE FL, FL 32601 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: P () Delete
Name: ARNETTE, JIM,
Address: 13607 S.E. 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: WALTON, BOBBI J
Address: 12929 SE 3RD PLACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BROWN, KEALYN W.
Address: 13007 SE 5TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: BROWN, DOROTHY M
Address: 13504 E CR 1474
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: SHAVER, GEORGE W
Address: 12922 SE 9TH PL
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOROTHY M BROWN

TREA

07/05/2007

Electronic Signature of Signing Officer or Director

Date