

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90030 020 ****61.25

DOCUMENT # 732280

1. Entity Name
**KEYSTONE HEIGHTS VOLUNTEER FIRE DEPARTMENT,
INC.**



Principal Place of Business
**120 FLAMINGO ST.
KEYSTONE HGTS., FL 32656**

Mailing Address
**PO BOX 576
KEYSTONE HGTS., FL 32656**



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1612806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JACK F JR
7066 IMMOKALEE RD
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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:

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JACKSON, SALLY A
1355 SOUTH LAWRENCE BOULEVARD
KEYSTONE HGTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VALLANCE, RICHARD
6300 HUTCHINSON AVENUE
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CRAFT, JANET C
6676 COUNTY ROAD 214
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, JACK F JR
7066 IMMOKALEE RD.
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PAYTON, JOAN
420 SW DOVE ST
KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Saddler, James Martin
5965 Oak Leaf Rd
Keystone Heights, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

352-473-3630

Daytime Phone #