



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 003 \*\*\*\*61.25

<b>DOCUMENT # 736660</b> 1. Entity Name <b>CARR-CLARKSVILLE VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business 19024 NW OTTER CREEK LANE CLARKSVILLE, FL 32430 US			Mailing Address 11435 NW CR 287A CLARKSVILLE, FL 32430 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3778814</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NICHOLS, ELLIS</b> <b>19667 NW SR 73</b> <b>CLARKSVILLE, FL 32430</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'BRYAN, DARRYL <input type="checkbox"/> Delete 21687 NORTHWEST LOYED ROAD ALTHA, FL 32421				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD GLOVER, TONY <input checked="" type="checkbox"/> Delete 20240 NORTHWEST STATE ROAD 73 CLARKSVILLE, FL 32430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO NICHOLS, ELLIS <input type="checkbox"/> Delete 19667 NW SR 73 CLARKSVILLE, FL 32430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAND, CAROL <input type="checkbox"/> Delete 11435 NW CR 287A CLARKSVILLE, FL 32430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD Randie Lykins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14954 SW Reddin Brunson Rd. Clarksville, FL 32430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE: Carol Hand Carol Hand</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-12-07 (850) 674-5395					