

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736660

1. Entity Name
**CARR-CLARKSVILLE VOLUNTEER FIRE DEPARTMENT,
INC.**



Principal Place of Business
**19024 NW OTTER CREEK LANE
CLARKSVILLE, FL 32430 US**

Mailing Address
**11435 NW CR 287A
CLARKSVILLE, FL 32430 US**

FILED

09 JAN 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-6000538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLS, ELLIS
19667 NW SR 73
CLARKSVILLE, FL 32430**

**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, 2009**

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
**CD
O'BRYAN, DARRYL
21687 NORTHWEST LOYED ROAD
ALTA, FL 32421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ACD
Randie Lykins
PO Box 13
Clarksville, Fl. 32430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
Andy Waldorff
20240 NW SR 73
Clarksville, Fl. 32430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HAND, CAROL
11435 NW CR 287A
CLARKSVILLE, FL 32430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800141066218
01/16/09--01056--003 **61.25

Dr 1/23

**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: *Carol Hand* *Carol Hand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-09

Date

(850)674-5395

Daytime Phone #