

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736660

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

19024 NW OTTER CREEK LANE  
CLARKSVILLE, FL 32430 US

**New Principal Place of Business:**

**Current Mailing Address:**

11435 NW CR 287A  
CLARKSVILLE, FL 32430 US

**New Mailing Address:**

**FEI Number:** 04-3778814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, ELLIS  
19667 NW SR 73  
CLARKSVILLE, FL 32430 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: CD  
Name: O'BRYAN, DARRYL  
Address: 21687 NORTHWEST LOYED ROAD  
City-St-Zip: ALTHA, FL 32421

Title: ACD  
Name: WALDORFF, ANDY  
Address: 18821 NW CR 287  
City-St-Zip: CLARKSVILLE, FL 32430

Title: TO  
Name: POLEY, ERNIE  
Address: 9449 NW J J MEALY RD  
City-St-Zip: ALTHA, FL 32421

Title: STD  
Name: HAND, CAROL  
Address: 11435 NW CR 287A  
City-St-Zip: CLARKSVILLE, FL 32430

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: CAROL HAND

S/T

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date