


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 036 ****61.25

DOCUMENT # 737428 1. Entity Name OXFORD VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business HWY 466 EAST, 4147 CR 466 OXFORD, FL 34484 US			Mailing Address HIGHWAY 466 EAST P.O. BOX 143 OXFORD, FL 32684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-1702937	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ATWOOD, OMER A 10150 SE 169TH LANE SUMMERFIELD, FL 34491				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ATWOOD, OMER 10150 SE 169TH LANE SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JONES, GEORGE C 16945 SE 104 TERRACE SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD THASLOFF , JUSTIN PO BOX 391 OXFORD, FL 34484		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thalgot	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ACD GAMBLE, THOMAS 41641 KITTY HAWK DR WEIRSDALE, FL 32195		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Josh Vogt 5398 E.R. 122 Wildwood, FL. 34785	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMITH, JUDY 13488 CR 200 OXFORD, FL 34484		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"/> Delete		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.					
SIGNATURE: <i>Judy Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-16-06 352-303-6392 <small>Date Daytime Phone #</small>		