

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738436

FILED
Feb 09, 2006
Secretary of State

Entity Name: NEW HOPE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1969 HIGHWAY 2
WESTVILLE, FL 32464

New Principal Place of Business:

Current Mailing Address:

1969 HIGHWAY 2
WESTVILLE, FL 32464

New Mailing Address:

FEI Number: 59-2891097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, GWENDOLYN
1969 HWY 2
WESTVILLE, FL 32464 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: P () Delete
Name: CHURCH, CALEB
Address: 1354 MT IDA RD
City-St-Zip: WESTVILLE, FL 32464

Title: VP () Delete
Name: EVANS, HOMER A
Address: 1492 CURRY FERRY RD
City-St-Zip: BONIFAY, FL 32475

Title: ST () Delete
Name: EVANS, GWENDOLYN
Address: RT 1 BOX 356
City-St-Zip: WESTVILLE, FL

Title: D () Delete
Name: EVANS, HOMER A II
Address: RT 2 BOX 316
City-St-Zip: CARYVILLE, FL 32427

Title: D () Delete
Name: D'ABOY, DAVID
Address: 1969 D'ABOY LN
City-St-Zip: WESTVILLE, FL 32464

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EVANS, HOMER A
Address: 1492 CURRY FERRY RD
City-St-Zip: BONIFAY, FL 32425

Title: ST (X) Change () Addition
Name: EVANS, GWENDOLYN
Address: 1969 HIGHWAY 2
City-St-Zip: WESTVILLE, FL 32464

Title: D (X) Change () Addition
Name: EVANS, HOMER A II
Address: 1492 CURRY FERRY ROAD
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GWENDOLYN EVANS

S-T

02/09/2006

Electronic Signature of Signing Officer or Director

Date