

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 750998

1. Entity Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.



Principal Place of Business

509 NE PERSIMMON DR.
PINETTA FL 32350
US

Mailing Address

P. O. BOX 269
PINETTA FL 32350
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FINNEY, DOUG
STREET ADDRESS 203 NE JOAN AVE
CITY-STATE-ZIP MADISON FL 32340

TITLE VP ☐ Delete
NAME THOMPSON, TAMMY
STREET ADDRESS 253 NE SCHOOL ST.
CITY-STATE-ZIP PINETTA FL 32350

TITLE S ☐ Delete
NAME THOMPSON, TAMMY
STREET ADDRESS 253 NE SCHOOL ST
CITY-STATE-ZIP PINETTA FL 32350

TITLE T ☐ Delete
NAME SHADRICK, ALLEN
STREET ADDRESS 10129 NW COLON KELLY HWY
CITY-STATE-ZIP PINETTA FL

TITLE BOD ☐ Delete
NAME GRAMBLING, KEITH 22
STREET ADDRESS NE 164 DELPHINISON DR
CITY-STATE-ZIP MADISON FL 32340

TITLE BOD ☐ Delete
NAME VICKERS, WAYNE
STREET ADDRESS 212 NE PETUNIA ST.
CITY-STATE-ZIP PINETTA FL 32350

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000634651
CITY-STATE-ZIP 02/22/07-80020-014 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Allen Shadrack

7-1207

CR 5084084