2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#752933

FILED Apr 28, 2007 Secretary of State

Entity Name: SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

13010 HWY 77TH

SOUTHPORT, FL 32409 US

Current Mailing Address: New Mailing Address:

13010 HWY 77TH

SOUTHPORT, FL 32409 US

FEI Number: 59-6000512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILLIAMS, THOMAS H

14107 MASTRO LANE

SOUTHPORT, FL 32409 US

WETHERTON, CHARLES L

14544 BONNIE GIRLS WAY

SOUTHPORT, FL 32409 US

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: CHARLES L. WETHERTON 04/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WILLIAMS, THOMAS H
 Name:
 WETHERTON, CHARLES L

 Address:
 14107 MASTRO LANE
 Address:
 14544 BONNIE GIRLS WAY

 City-St-Zip:
 SOUTHPORT, FL 32409
 City-St-Zip:
 SOUTHPORT, FL 32409

Title: T () Delete Title: () Change () Addition

 Name:
 WETHERTON, JOYCE
 Name:

 Address:
 14544 BONNIE GIRLS WAY
 Address:

 City-St-Zip:
 SOUTHPORT, FL 32409
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 JOHNSON, JULIE
 Name:
 PUGH, ANITA

 Address:
 425 KARLOS WAY
 Address:
 14128 ASHTON WAY

 City-St-Zip:
 SOUTHPORT, FL 32409
 City-St-Zip:
 SOUTHPORT, FL 32409

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES L. WETHERTON D 04/28/2007