

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754911

FILED
Jul 03, 2007
Secretary of State

Entity Name: HINSON CROSS ROADS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5487 DOUGLAS FERRY RD
CARYVILLE, FL 32427 US

New Principal Place of Business:

Current Mailing Address:

3163 RIVER RD.
VERNON, FL 32462 US

New Mailing Address:

FEI Number: 59-2360749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVENSON, CALVIN
3163 RIVER RD
VERNON, FL 32462 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: VP () Delete
Name: PORTER, LEWIS D
Address: 2079 HWY 177A
City-St-Zip: BONIFAY, FL 32425

Title: P () Delete
Name: STEVENSON, CALVIN
Address: 3163 RIVER ROAD
City-St-Zip: VERNON, FL 32462

Title: T () Delete
Name: DAVIS, CHRISTINA
Address: 5689-A DOUGLAS FERRY RD
City-St-Zip: CARYVILLE, FL 32427

Title: D () Delete
Name: COOK, WALTER, JR.,
Address: RT 1
City-St-Zip: VERNON, FL

Title: S () Delete
Name: STEVENSON, JOYCE
Address: 3163 RIVER RD
City-St-Zip: VERNON, FL 32462

Title: D () Delete
Name: WORTHINGTON, JOHN E.,
Address: 5005 BURNS LAKE RD
City-St-Zip: CARYVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CALVIN STEVENSON

Electronic Signature of Signing Officer or Director

OFFI

07/03/2007

_____ Date