



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 754911	
1. Entity Name HINSON CROSS ROADS VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 5487 DOUGLAS FERRY RD CARYVILLE, FL 32427 US	Mailing Address 3163 RIVER RD. VERNON, FL 32462 US
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2360749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENSON, CALVIN
 3163 RIVER RD
 VERNON, FL 32462**

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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: *Calvin Stevenson, Chief (Calvin Stevenson)* DATE: 1-9-08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when changing office)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, LEWIS D 2079 HWY 177A BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENSON, CALVIN 3163 RIVER ROAD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, CHRISTINA 5689-A DOUGLAS FERRY RD CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, WALTER, JR. RT 1 VERNON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, JOYCE 3163 RIVER RD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, JOHN E. 5005 BURNS LAKE RD CARYVILLE, FL

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 01/08/08-80037-002 61.25

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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: *Calvin Stevenson, Chief* DATE: 1-9-08 DAYTIME PHONE #: 850-638-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin Stevenson