

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754911

FILED  
Jun 23, 2009  
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: T (X) Change ( ) Addition  
Name: STEVENSON, JOYCE  
Address: 3163 RIVER RD.  
City-St-Zip: VERNON, FL 32462

Title: ( ) Change ( ) Addition  
Name:  
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: JOYCE STEVENSON

T

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date