

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 759050

1. Entity Name
ICHETUCKNEE/SOUTH COLUMBIA VOLUNTEER FIRE
DEPARTMENT, INC.



Principal Place of Business
495 SW DORCH STREET
FORT WHITE, FL 32038 US

Mailing Address
495 SW DORCH STREET
FORT WHITE, FL 32038 US

DO NOT WRITE IN THIS SPACE



07272006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2918788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUDSON, Z E
386 SW BRYANT AVE
FORT WHITE, FL 32038

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LITTRELL, WALTER JR
STREET ADDRESS	635 MURDOCK COURT
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	V
NAME	O'STEEN L.
STREET ADDRESS	C-138
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	P
NAME	HUDSON, Z E
STREET ADDRESS	S BRYANT ST, PO 12
CITY-ST-ZIP	FT WHITE, FL 00000,
TITLE	D
NAME	LANCE, JIM
STREET ADDRESS	P O BOX 152 SR 47
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	ST
NAME	DAVIS, JOHN L
STREET ADDRESS	P.O. BOX 113, 9563 SW US 27
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	D
NAME	WHITLEY, WILLIAM E.
STREET ADDRESS	RT 2 BOX 945 N/A
CITY-ST-ZIP	HIGH SPRINGS, FL

U00000572911
08/01/06-80005-009 61.25

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IN THIS SPACE**

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:

Zollie Edmund Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jul 06

Date

386-623-9557

Daytime Phone #