


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90073 012 ****61.25

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
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07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2918788	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 HUDSON, Z E 386 SW BRYANT AVE FORT WHITE, FL 32038

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LITTELL, WALTER JR 635 MURDOCK COURT FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'STEEN L. C-138 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUDSON, Z E S BRYANT ST, PO 12 FT WHITE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANCE, JIM P O BOX 152 SR 47 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOHN L P.O. BOX 113, 9563 SW US 27 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITLEY, WILLIAM E. RT 2 BOX 945 N/A HIGH SPRINGS, FL

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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: Gollee Edmund Hudson 05 Jul 07 386-623-9557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #