

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759050

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

495 SW DORCH STREET  
FORT WHITE, FL 32038 US

**New Principal Place of Business:**

**Current Mailing Address:**

495 SW DORCH STREET  
FORT WHITE, FL 32038 US

**New Mailing Address:**

**FEI Number:** 59-2918788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, Z E  
386 SW BRYANT AVE  
FORT WHITE, FL 32038 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: ST ( ) Delete  
Name: LITRELL, WALTER JR  
Address: 635 MURDOCK COURT  
City-St-Zip: FORT WHITE, FL 32038

Title: V ( ) Delete  
Name: O'STEEN L.  
Address: C-138  
City-St-Zip: FORT WHITE, FL 32038

Title: P ( ) Delete  
Name: HUDSON, Z E  
Address: S BRYANT ST, PO 12  
City-St-Zip: FT WHITE, FL 00000,

Title: D ( ) Delete  
Name: LANCE, JIM  
Address: P O BOX 152 SR 47  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: KORN, ROBERT  
Address: 1405 SW JACOBS CT  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: WHITLEY, WILLIAM E.  
Address: RT 2 BOX 945 N/A  
City-St-Zip: HIGH SPRINGS, 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  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MILLER, MICHAEL C  
Address: PO BOX 998  
City-St-Zip: FORT WHITE, FL 32038

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: Z E HUDSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date