


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 031 \*\*\*\*70.00

<b>DOCUMENT # 759941</b> 1. Entity Name CROSS CREEK VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 19109 S. COUNTY ROAD 325 HAWTHORNE, FL 32640 US	Mailing Address 19109 S CR 325 HAWTHORNE, FL 32640 US
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60013734



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2887725	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PARTRIDGE, RALPH 17603 S CR 325 HAWTHORNE, FL 32640
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**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 May 1, 2006**

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	SD ANGELL, ANNE T. 14224 SE 180TH PLACE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANGELL, PETER J. 14224 SE 180TH PLACE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINNER, MARILYNN L. * NEW 22713 SE 177TH AVE LOCHLOOSA, FL 32662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, BARBARA S. 15417 SE 182ND AVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTRIDGE, RALPH 17603 S CR 325 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** Peter J. Angell **PETER J. ANGELL** 2/9/06 352-466-3353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #