2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 761211

1. Entity Name
SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
SANDERS VOL FIREMAN'S ASSOC. 14275 W US 90 SANDERSON, FL 32087	14275 W US 90 PO BOX 254 SANDERSON, FL 32087

DO NOT WRITE IN THIS SPACE

04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2364659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CARLTON
11422 N COUNTY ROAD 229
SANDERSON, FL 32807

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

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	PD
NAME	DAVIS, CARLTON
STREET ADDRESS	11422 N COUNTY ROAD 229
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	VD
NAME	HODGES, GARY
STREET ADDRESS	1066 S. CR 229
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	VD
NAME	BAGLIN, ROBERT
STREET ADDRESS	13852 COLUMBIA ST
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	SD
NAME	DAVIS, RONALD C
STREET ADDRESS	13737 CEDAR CREEK DR
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	TD
NAME	JACOBS, WILLIAM
STREET ADDRESS	1274 THORNTON RD
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80128-021 70.00

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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 an attachment with an address, with all other like empowered.

SIGNATURE: Ronald C. Davis Ronald C. Davis 4-11-06 904 275-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #