

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # 761211

1. Entity Name
**SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION
INCORPORATED**



Principal Place of Business
SANDERS VOL FIREMAN'S ASSOC.
14275 W US 90
SANDERSON, FL 32087

Mailing Address
14275 W US 90
PO BOX 254
SANDERSON, FL 32087



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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, 2007

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
PD
DAVIS, CARLTON
11422 N COUNTY ROAD 229
SANDERSON, FL 32087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HODGES, GARY
1066 S. CR 229
GLEN SAINT MARY, FL 32040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BAGLIN, ROBERT
13852 COLUMBIA ST
SANDERSON, FL 32087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
DAVIS, RONALD C
13737 CEDAR CREEK DR
SANDERSON, FL 32087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
JACOBS, WILLIAM
1274 THORNTON RD
GLEN SAINT MARY, FL 32040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80032-009 70.00

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 *Ronald C. Davis* **RONALD C. DAVIS** **4-16-07** **904-275-2663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #