

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
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**



04132008 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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	

U000000911327
05/07/08-80059-018 70.00

**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: *Ronald C. Davis* RONALD C. DAVIS 4-19-08 904-275-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #