

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762373

FILED  
Jul 02, 2006  
Secretary of State

Entity Name: DORCAS FIRE DISTRICT, INC.

**Current Principal Place of Business:**

4418 POVERTY CREEK ROAD  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

4418 POVERTY CREEK ROAD  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

FEI Number: 59-3116191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GATLIN, JIMMY  
4408 POVERTY CREEK  
CRESTVIEW, FL 32539 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: C      ( ) Delete  
Name: WARD, LARRY W  
Address: 4385 JACK POWELL ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: D      ( ) Delete  
Name: MCCALLUM, JERRY  
Address: 5599 HIGHWAY 393  
City-St-Zip: CRESTVIEW, FL 32539

Title: ST      ( ) Delete  
Name: BERRY, HENRY  
Address: 6024 DONALD GUY ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: D      ( ) Delete  
Name: GATLIN, EDDIE  
Address: 4468 OLD DORCAS ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title: D      ( ) Delete  
Name: WEEKLEY, JERRY  
Address: 4138 PAINTER BRANCH ROAD  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: GATLIN, JIMMY  
Address: 4408 POVERTY CREEK ROAD  
City-St-Zip: CRESTVIEW, FL 32539

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMY E GATLIN

ST

07/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date