

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