


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90019 045 \*\*\*\*75.00

<b>DOCUMENT # 762373</b>					
1. Entity Name DORCAS FIRE DISTRICT, INC.					
Principal Place of Business 4418 POVERTY CREEK ROAD CRESTVIEW, FL 32539 US			Mailing Address 4418 POVERTY CREEK ROAD CRESTVIEW, FL 32539 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>GATLIN, JIMMY</b> <del>4408 POVERTY CREEK</del> <del>CRESTVIEW, FL 32539</del>				7. Name and Address of New Registered Agent Name <b>DENNIS W. FOLKERTS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4418 POVERTY CREEK RD</b> City <b>CRESTVIEW</b> FL Zip Code <b>32539</b>	
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: <i>[Signature]</i> DATE: <b>3/24/08</b>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	ROBERT O CALLAHAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, LARRY W		NAME	5560 MT OLIVE RD	
STREET ADDRESS	4385 JACK POWELL ROAD		STREET ADDRESS	CRESTVIEW, FL 32539	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	RAYMOND HALLFORD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, JERRY		NAME	6351 HWY 393	
STREET ADDRESS	5609 HIGHWAY 393		STREET ADDRESS	CRESTVIEW, FL 32539	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ED GERMAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATLIN, JIMMY		NAME	4469 TICKHAUEN LN	
STREET ADDRESS	4408 POVERTY CREEK ROAD		STREET ADDRESS	CRESTVIEW, FL 32539	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ROGER KELLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATLIN, EDDIE		NAME	4662 TODD RD	
STREET ADDRESS	4408 OLD DORCAS ROAD		STREET ADDRESS	CRESTVIEW, FL 32539	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, JERRY		NAME		
STREET ADDRESS	4138 PAINTER BRANCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			Date: <b>3/24/08</b>		Daytime Phone #: <b>850-855-0691</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

