
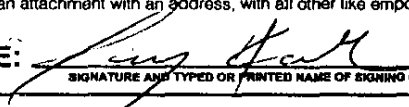


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 046 ****61.25

DOCUMENT # 763744 1. Entity Name GRITNEY VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 2062 HIGHWAY 179 BONIFAY, FL 32425			Mailing Address 2267 BONIFAY GRITNEY RD BONIFAY, FL 32425		
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	04092008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2966234				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, JERRY 1892 POLLARD HARRIS RD. BONIFAY, FL 32425			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, JERRY		NAME		
STREET ADDRESS	1892 POLLARD HARRIS RD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PITTS, JERRY		NAME	LANDIS MESSER	
STREET ADDRESS	1672 HWY 179		STREET ADDRESS	2324 Idlewood	
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERS, BRENDA		NAME		
STREET ADDRESS	2267 BONIFAY GRITNEY RD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDUFFE, JAMES A		NAME	JESSIE BROWN	
STREET ADDRESS	1992 HWY 179		STREET ADDRESS	2271 Hwy 179	
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP	Bonifay, FL 32425	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEATHERFORD, J Q		NAME		
STREET ADDRESS	1666 HWY 179		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREWS, CLIFTON		NAME		
STREET ADDRESS	2137 TOBE RETHENFORD RD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		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: 			Jerry Hall 14 th April 2008 850-548-4707		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		