

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763744

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** GRITNEY VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

2062 HIGHWAY 179  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

2267 BONIFAY GRITNEY RD  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 59-2966234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, JERRY  
1892 POLLARD HARRIS RD.  
BONIFAY, FL 32425 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: P ( ) Delete  
Name: HALL, JERRY  
Address: 1892 POLLARD HARRIS RD  
City-St-Zip: BONIFAY, FL 32425

Title: V ( ) Delete  
Name: MESSER, LANDIS  
Address: 2324 IDLEWOOD  
City-St-Zip: BONIFAY, FL 32425

Title: S ( ) Delete  
Name: ROGERS, BRENDA  
Address: 2267 BONIFAY GRITNEY RD  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: BROWN, JESSIE  
Address: 2271 HWY 179  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: WEATHERFORD, J Q  
Address: 1666 HWY 179  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: CREWS, CLIFTON  
Address: 2137 TOBE RETHENFORD RD  
City-St-Zip: BONIFAY, FL 32425

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

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

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

Title: S (X) Change ( ) Addition  
Name: ROGERS, BRENDA  
Address: 2267 BONIFAY GRITNEY RD  
City-St-Zip: BONIFAY, FL 32425

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

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 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: JERRY HALL

P

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date