


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90382 025 ****61.25

DOCUMENT # 765260 1. Entity Name MC DAVID VOLUNTEER FIRE DEPARTMENT, INCORPORATED					
Principal Place of Business 100 N CENTURY BLVD. MCDavid, FL 32568			Mailing Address P. O. BOX 3402 MCDavid, FL 32568 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2252415	
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		
GILMORE, ERIC 4100 W. HWY H CENTURY, FL 32535			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 <u><i>Eric W. Gilmore</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODWIN, WAYNE		NAME		
STREET ADDRESS	941 HWY 164		STREET ADDRESS		
CITY-ST-ZIP	MCDavid, FL 32568		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALONE, PHYLLIS		NAME		
STREET ADDRESS	201 W. ROACH RD		STREET ADDRESS		
CITY-ST-ZIP	MCDavid, FL 32568		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINLEY, LARRY		NAME		
STREET ADDRESS	680 HWY 164		STREET ADDRESS		
CITY-ST-ZIP	MCDavid, FL 32568		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNTER, JIMMIE E SR.		NAME		
STREET ADDRESS	111 WORLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MCDavid, FL 32568		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, CHRIS		NAME	Chris Hawkins	
STREET ADDRESS	3520 N PINE BARREN RD		STREET ADDRESS	9311 HWY. 97	
CITY-ST-ZIP	MC DAVID, FL 32568		CITY-ST-ZIP	Century, FL 32535	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Matt Carter		NAME		
STREET ADDRESS	470 W. Roach Rd		STREET ADDRESS		
CITY-ST-ZIP	McDavid FL 32568		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: <u><i>Eric W. Gilmore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/28/06</u> Daytime Phone # <u>850-393-0619</u>		