


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

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2252415	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 GILMORE, ERIC 4100 W. HWY H CENTURY, FL 32535

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODWIN, WAYNE 941 HWY 164 MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALONE, PHYLLIS 201 W. ROACH RD MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINLEY, LARRY 680 HWY 164 MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CARTER, MATT 470 W. ROACH RD MC DAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, CHRIS 9311 HWY. 97 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000829595
02/26/08-80047-014 61.25

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: E. W. Gilmore **2/12/08 (850) 256-5750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #