

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765260

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MC DAVID VOLUNTEER FIRE DEPARTMENT, INCORPORATED

**Current Principal Place of Business:**

100 N CENTURY BLVD.  
MCDAVID, FL 32568

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3402  
MCDAVID, FL 32568 US

**New Mailing Address:**

**FEI Number:** 59-2252415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILMORE, ERIC  
4100 W. HWY H  
CENTURY, FL 32535 US

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

GILMORE, ERIC  
4660 HWY 168  
CENTURY, FL 32535 US

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: ERIC GILMORE

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GILMORE, SAM  
Address: 210 W ROACH RD  
City-St-Zip: MCDAVID, FL 32568

Title: SD  
Name: ESTES, ALEC  
Address: 833 N CENTURY BLVD  
City-St-Zip: MCDAVID, FL 32568

Title: VD  
Name: CARTER, MATT  
Address: 470 W. ROACH RD  
City-St-Zip: MCDAVID, FL 32568

Title: 2VP  
Name: KINLEY, LARRY  
Address: 680 HWY 164  
City-St-Zip: MC DAVID, FL 32568

Title: T  
Name: KIGHT, NIKITA  
Address: 3511 N CENTURY BLVD  
City-St-Zip: MCDAVID, FL 32568

I hereby 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 all other like empowered.

SIGNATURE: ERIC GILMORE

RA

04/20/2011

Electronic Signature of Signing Officer or Director

Date