
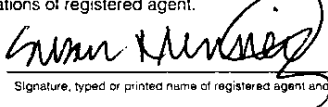



2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

04-30-2008 90203 039 ****70.00

DOCUMENT # 765592 1. Entity Name CHAIRES-CAPITOLA VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 10541 VALENTINE RD'S TALLAHASSEE, FL 32311 US			Mailing Address 10541 VALENTINE RD'S TALLAHASSEE, FL 32311 US		
2. Principal Place of Business - No P.O. Box # 4701 CHAIRES CROSS RD Suite, Apt. #, etc.		3. Mailing Address 6615 MAHAN DR Suite, Apt. #, etc. STE 104-162			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number 59-2265417	
Zip 32317		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTSON, GINGER SUSAN MINNERLY 10541 VALENTINE RD'S 2004C BRADFORD CT TALLAHASSEE, FL 32311 32303			7. Name and Address of New Registered Agent Name SUSAN MINNERLY Street Address (P.O. Box Number is Not Acceptable) 2004C BRADFORD CT City TALLAHASSEE FL Zip Code 32303		
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 					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINHOLSTER, ROGER 10541 VALENTINE RD. SOUTH TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P/D) CHAD LINVILLE 5675 SIOUX DR TALLAHASSEE FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ROBERTSON, GINGER 10547 VALENTINE RD TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) SUSAN MINNERLY 2004C BRADFORD CT TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY / D NOWAK, DAVID 2316 SOUTHAMPTON TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT (V) PRITESH PATEL 1186 SANDLER RIDGE RD TALLAHASSEE FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, JOE 6748 VIALIA PLACE, TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK PLASTER 1500 TWIN LAKES CIRCLE TALLAHASSEE FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, SCOTT 5531 DAYFLOWER TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SUSAN MINNERLY 4/28/08 644-1020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					