

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765592

FILED
Apr 27, 2011
Secretary of State

Entity Name: CHAIRES-CAPITOLA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

4701 CHAIRES CROSS RD
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13356
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2265417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MINNERLY, SUSAN
2206 TANGLEWOOD TERR
TALLAHASSEE, FL 32303 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: D
Name: LINVILLE, CHAD
Address: 5675 SIOUX DR
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: T
Name: MINNERLY, SUSAN
Address: 2206 TANGLEWOOD TERR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: S
Name: NOWAK, DAVID
Address: 2316 SOUTHAMPTON
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: P
Name: IPOCK, WILLIAM
Address: 9091 SEAFAIR LANE
City-St-Zip: TALLAHASSEE, FL 323178188 US

Title: VP
Name: KINERSON, LEONARD
Address: 2316 SOUTHAMPTON
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D
Name: GODWIN, TREY
Address: 6236 BOBBY GODWIN LANE
City-St-Zip: TALLAHASSEE, FL 32311 US

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: SUSAN MINNERLY

T

04/27/2011

Electronic Signature of Signing Officer or Director

Date