

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767243

FILED
Feb 03, 2009
Secretary of State

Entity Name: SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

7226 SE IOLA ROAD
BLOUNSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

8581SE MARYSVILLE SCHOOL ROAD
BLOUNSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3478398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, DAVID A
8581SE MARYSVILLE SCHOOL ROAD
BLOUNTSTOWN, FL 32424 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 () Delete
Name: HUNTER, LORI A
Address: 8581 SE MARYSVILLE SCHOOL ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: AC () Delete
Name: RHODES, DIANE
Address: 15021 SE FAWN LANE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: AS () Delete
Name: BROCK, CAROLYN
Address: 8129 SR 71 S
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST () Delete
Name: WILLIAMSON, MARGARETT
Address: 7155 SE MARYSVILLE SCHOOL ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORI A. HUNTER

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date