

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 047 ****61.25

DOCUMENT # 767522

1. Entity Name

EASTPOINT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**6TH STREET
P.O. BOX 303
EASTPOINT FL 32328**

Mailing Address

**6TH STREET
P.O. BOX 303
EASTPOINT FL 32328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2397722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRATTON, URSULA
330 CARROL ST
EASTPOINT FL 32328**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CREAMER, DOUG
STREET ADDRESS 8TH STREET, 10-16
CITY-ST-ZIP EASTPOINT FL

TITLE VPD ☒ Delete
NAME JOHNSON, MARILYN
STREET ADDRESS NORTH BAY SHORE DR, P.O. BOX 743
CITY-ST-ZIP EASTPOINT FL

TITLE SD ☐ Delete
NAME STRATTON, URSULA
STREET ADDRESS 330 CARROL ST
CITY-ST-ZIP EASTPOINT FL

TITLE TD ☐ Delete
NAME LANE, JANE
STREET ADDRESS NORTH BAYSHORE DR.
CITY-ST-ZIP EASTPOINT FL

TITLE CD ☐ Delete
NAME SHIVER, JAMES
STREET ADDRESS 45 BEGONIA STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE D ☐ Delete
NAME JOYNER, JAMES
STREET ADDRESS 45 BEGORIA ST
CITY-ST-ZIP EASTPOINT FL 32328

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *VPD Robin Shiver*
STREET ADDRESS *607 Wilderness Rd.*
CITY-ST-ZIP *Eastpoint, FL 32328*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ursula Stratton, Ursula Stratton* 3/3/06 850-670-8799