


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90040 009 ****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 - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2397722	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 registrant office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
FILE NOW: 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, DOUG		NAME		
STREET ADDRESS	8TH STREET, 10-16		STREET ADDRESS		
CITY- ST- ZIP	EASTPOINT FL		CITY- ST- ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Jesse Lolly VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, ROBIN		NAME	68 Brian Street	
STREET ADDRESS	607 WILDERNESS RD		STREET ADDRESS	Eastpoint, FL 32328	
CITY- ST- ZIP	EASTPOINT FL 32328		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, URSULA		NAME		
STREET ADDRESS	330 CARROL ST		STREET ADDRESS		
CITY- ST- ZIP	EASTPOINT FL		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, JANE		NAME		
STREET ADDRESS	NORTH BAYSHORE DR.		STREET ADDRESS		
CITY- ST- ZIP	EASTPOINT FL		CITY- ST- ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, JAMES		NAME		
STREET ADDRESS	45 BEGONIA STREET		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33328		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, JAMES		NAME		
STREET ADDRESS	45 BEGONIA ST		STREET ADDRESS		
CITY- ST- ZIP	EASTPOINT FL 32328		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: <u>Ursula Stratton / Ursula Stratton</u> 4/19/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					