

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767522

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** EASTPOINT VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

6TH STREET  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2397722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRATTON, URSULA  
330 CARROL ST  
EASTPOINT, FL 32328      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: PD  
Name: CREAMER, DOUG  
Address: 8TH STREET, 10-16  
City-St-Zip: EASTPOINT, FL 32328

Title: VPD  
Name: LOLLY, JESSE  
Address: 68 BRIAN STREET  
City-St-Zip: EASTPOINT, FL 32328

Title: SD  
Name: STRATTON, URSULA A  
Address: 330 CARROL ST  
City-St-Zip: EASTPOINT, FL 32328

Title: TD  
Name: LANE, JANE  
Address: NORTH BAYSHORE DR.  
City-St-Zip: EASTPOINT, FL 32328

Title: CD  
Name: GEORGE, PRUETT  
Address: 314 CARROLL STREET  
City-St-Zip: EASTPOINT, FL 33328

Title: D  
Name: JOYNER, JAMES  
Address: 45 BEGORIA ST  
City-St-Zip: EASTPOINT, FL 32328

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: URSULA STRATTON

SEC.

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date