



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 770653</b> 1. Entity Name SUWANEE RANCHETTES VOLUNTEER FIRE DEPARTMENT, INC.	
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**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 4527 224TH ST LAKE CITY, FL 32024 US	Mailing Address PO BOX 342 BRANFORD, FL 32008 US
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DO NOT WRITE IN THIS SPACE



07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2879873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

TERRY, PEGGY  
 22019 29TH ROAD  
 LAKE CITY, FL 32024

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROOKS, JAKE
STREET ADDRESS	3562 230TH TERRACE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	PD
NAME	JACKSON, BILL
STREET ADDRESS	27441 37TH RD
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	STDF
NAME	TERRY, PEGGY
STREET ADDRESS	22019 29TH RD
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000954903  
07/15/08-80002-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Peggy Terry Date: 7/10/08 Daytime Phone #: 386-935-1427  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR