


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 770653	
1. Entity Name SUWANEE RANCHETTES VOLUNTEER FIRE DEPARTMENT, INC.	

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

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



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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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 \_\_\_\_\_

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JAKE 3562 230TH TERRACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, BILL 27441 37TH RD BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDF TERRY, PEGGY 22019 29TH RD LAKE CITY, FL 32024
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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 7/10/08 386-935-1427  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #