


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 770654 1. Entity Name MCALPIN VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business POST OFFICE BOX 87 MCALPIN, FL 32062	Mailing Address POST OFFICE BOX 87 MCALPIN, FL 32062
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2859721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOK, RONALD J
15415 HWY 129
MCALPIN, FL 33062

**DO NOT WRITE
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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000023331 02/02/04-80022-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, COREY 5915 CENTRAL RD MC ALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JAMES C JR 9500 HWY 252 MC ALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIGGINBOTHAM, DUWANE 17060 87TH RD MCALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, RONALD J 15415 HWY 129 MC ALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronald J Cook 1-23-04 386-362-7359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #