

FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90024 047 ****61.25

DOCUMENT # 770654

1. Entity Name
MCALPIN VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
POST OFFICE BOX 87
MCALPIN, FL 32062

Mailing Address
POST OFFICE BOX 87
MCALPIN, FL 32062

60022878



DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2859721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, RONALD J
15415 HWY 129
MCALPIN, FL 33082

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COOPER, COREY
STREET ADDRESS 5915 CENTRAL RD
CITY-ST-ZIP MC ALPIN, FL 32062

TITLE V
NAME THOMPSON, JAMES C JR
STREET ADDRESS 9500 HWY 252
CITY-ST-ZIP MC ALPIN, FL 32082

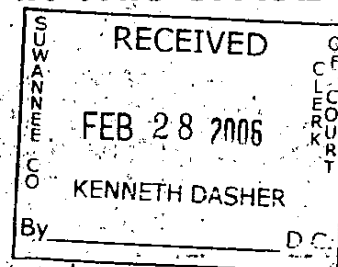
TITLE ST
NAME HIGGINBOTHAM, DUWANE
STREET ADDRESS 17080 87TH RD
CITY-ST-ZIP MCALPIN, FL 32082

TITLE T
NAME COOK, RONALD J
STREET ADDRESS 15415 HWY 129
CITY-ST-ZIP MC ALPIN, FL 32062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**



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: *Ronald J Cook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 386-362-7359

Date

Daytime Phone #

122-2220-522-5200