FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90024 047 ****61.25

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60022878

1. Entity Name
MCALPIN VOLUNTEER FIRE DEPARTMENT, INC

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

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 32062
TITLE	ST
NAME	HIGGINBOTHAM, DUWANE
STREET ADDRESS	17080 87TH RD
CITY-ST-ZIP	MCALPIN, FL 32062
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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SUWANNEE CO RECEIVED FEB 28 2006 CLERK OF COURT
KENNETH DASHER
By _____ D.C.

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 1-24-06 386-362-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

122-2220-522-5200