


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770654</b> 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**



01312008 No Chg-NP CR2E037 (4/06)

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	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	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	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	<b>Volunteer</b> <b>122-2220-522-5200-\$7000</b>

**DO NOT WRITE  
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 Ronald J Cook 1-31-08 386-362-7359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #