

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001527

FILED
Apr 04, 2009
Secretary of State

Entity Name: THE DOG ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

HC 63 BOX 5020, DOG ISLAND
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5020
DOG ISLAND, FL 32322

New Mailing Address:

FEI Number: 59-3635408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSE, RICHARD L VTD
919 BAYSHORE DRIVE
DOG ISLAND, FL 32322 US

Name and Address of New Registered Agent:

VOSE, RICHARD L VTD
763 BAY DRIVE
DOG ISLAND, FL 32322 US

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.

SIGNATURE:

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANNON, MIKE
Address: 147 OLD MAGNOLIA
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VTD () Delete
Name: VOSE, RICHARD L
Address: 919 BAY SHORE DRIVE
City-St-Zip: DOG ISLAND, FL 32322

Title: D () Delete
Name: MADDOX, DOUG
Address: 3087 WATERFORD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: BACKERMAN, SUSIE
Address: 100 GULFSHORE DR., HC 63, BOX 5006
City-St-Zip: DOG ISLAND, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L VOSE

VTD

04/04/2009

Electronic Signature of Signing Officer or Director

Date