## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N01000001072

RT FILED Apr 18, 2006 Secretary of State

Entity Name: BLACKMAN FIRE DISTRICT, INC.								
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
1850 HWY: BAKER, FL								
Current Mailing Address:				New Mailing Address:				
1982 HORS BAKER, FL		RD						
FEI Number:	59-3461694	FEI Numbe	er Applied For()	FEI Number Not Appli	cable ( )	Certificate of Sta	tus Desired ( )	
Name and	Address o	f Current Reg	jistered Agent:	Name and	Address o	f New Registered	Agent:	
BATSON, F 1982 HORS BAKER, FL	SECREEK I	RD US						
The above in the State		ty submits this	statement for the pur	pose of changing it	s registered	d office or registere	ed agent, or both,	
SIGNATUR	E:							
	Elect	ronic Signature	e of Registered Agent	:		Date		
OFFICERS	AND DIR	ECTORS:		ADDITION	S/CHANGE	S TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS TEW, ALLEI 7491 RED B BAKER, FL	ARROW RD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	D TEW, SAM ( 7712 PEAC BAKER, FL	OCK ROAD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additio	n	
Title: Name: Address: City-St-Zip:	D WELLE, WA 1251 FINKL BAKER, FL	E ROAD		Title: Name: Address: City-St-Zip:	D COOK, JEAN 7638 HWY 1 BAKER, FL	189 N.	on	
Title: Name: Address: City-St-Zip:	D COURTNEY 7378 OLD R BAKER, FL	, EMMERIE J IVER RD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	DT BATSON, RA 1982 HORS BAKER, FL	E CREEK RD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	on	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANETTE C. COOK PRES 04/18/2006