2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N02707

Entity Name: THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

Current Principal Place of Business:

13721 EDITH RD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

13721 EDITH RD
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-0051351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HISCOCK, JOHN E.
13721 EDITH RD
LOXAHATCHEE, FL 334704911 US

Name and Address of New Registered Agent:

HISCOCK, JOHN E
13721 EDITH RD
LOXAHATCHEE, FL 334704911 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: JOHN E. HISCOCK 04/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTC ( ) Delete
Name: HISCOCK, JOHN E.,
Address: 13721 EDITH RD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V ( ) Delete
Name: WARREN, RAYMOND B.,
Address: 14 RECHAEL RD.
City-St-Zip: LAKE WORTH, FL 33463

Title: S ( ) Delete
Name: QUIRK, K.R.
Address: 5546 WEST ROAD
City-St-Zip: LAKE WORTH, FL 334636

Title: D ( ) Delete
Name: BUCHAN, LARRY
Address: 428 WAYMAN CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete
Name: SMITH, JEFFREY
Address: PO BOX 993
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: SMITH, ROGER
Address: 15870 41ST LANE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTC (X) Change ( ) Addition
Name: HISCOCK, JOHN E
Address: 13721 EDITH RD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V (X) Change ( ) Addition
Name: WARREN, RAYMOND
Address: 14 RECHAEL RD.
City-St-Zip: LAKE WORTH, FL 33463

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: JOHN HISCOCK P 04/02/2009
Electronic Signature of Signing Officer or Director Date