

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 09, 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:**

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: \_\_\_\_\_

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  
**Address:** 14 RECHAEAL 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:** ( ) 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:****Title:** D (X) Change ( ) Addition  
**Name:** SWART, MAE  
**Address:** 6614 BELVEDERE ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33413**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 E, HISCOCK

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date