

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002639

1. Entity Name
NORTH GILCHRIST FIRE DEPARTMENT, INC.



Principal Place of Business
**430 N. W. CR 138
BRANFORD, FL 32008**

Mailing Address
**430 N. W. CR 138
BRANFORD, FL 32008**



05222006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2432519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STROM, DAVID W
610 N. W. 120 LOOP
BRANFORD, FL 32008**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STROM, DAVID W
610 N. W. 120 LOOP
BRANFORD, FL 32008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RUNDE, JEFF
9229 N. E. 1ST AVE.
BRANFORD, FL 32008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIFFLE, BUD
2829 N. E. 80TH AVE.
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/25/06-80001-008 61.25

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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:

David W. Strom
DAVID W. Strom

5-22-06 386955-2317