


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 017 ****61.25

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																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 610 NW 120 Loop																																																																																																												
Suite, Apt. #, etc.		Suite, Apt. #, etc. Brantford																																																																																																												
City & State		City & State Brantford FL		4. FEI Number 59-2432519																																																																																																										
Zip		Zip 32008		Country Gilchrist																																																																																																										
6. Name and Address of Current Registered Agent STROM, DAVID W 610 N.W. 120 LOOP BRANFORD, FL 32008				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																														
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																										
<div style="text-align: right;"> Make check payable to Florida Department of State </div>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STROM, DAVID W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>610 N. W. 120 LOOP</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRANFORD, FL 32008</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRON, CATHY B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>610 NW 120 LOOP</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRANFORD, FL 32008</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RIFFLE, BUD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2829 N. E. 80TH AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIGH SPRINGS, FL 32643</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STROM, CATHY B</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	STROM, DAVID W		STREET ADDRESS	610 N. W. 120 LOOP		CITY - ST - ZIP	BRANFORD, FL 32008		TITLE	T	<input type="checkbox"/> Delete	NAME	STRON, CATHY B		STREET ADDRESS	610 NW 120 LOOP		CITY - ST - ZIP	BRANFORD, FL 32008		TITLE	D	<input type="checkbox"/> Delete	NAME	RIFFLE, BUD		STREET ADDRESS	2829 N. E. 80TH AVE.		CITY - ST - ZIP	HIGH SPRINGS, FL 32643		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	STROM, CATHY B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																												
NAME	STROM, DAVID W																																																																																																													
STREET ADDRESS	610 N. W. 120 LOOP																																																																																																													
CITY - ST - ZIP	BRANFORD, FL 32008																																																																																																													
TITLE	T	<input type="checkbox"/> Delete																																																																																																												
NAME	STRON, CATHY B																																																																																																													
STREET ADDRESS	610 NW 120 LOOP																																																																																																													
CITY - ST - ZIP	BRANFORD, FL 32008																																																																																																													
TITLE	D	<input type="checkbox"/> Delete																																																																																																												
NAME	RIFFLE, BUD																																																																																																													
STREET ADDRESS	2829 N. E. 80TH AVE.																																																																																																													
CITY - ST - ZIP	HIGH SPRINGS, FL 32643																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
TITLE	STROM, CATHY B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY - ST - ZIP																																																																																																														
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 or without the empowered.																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 01-10-08 <small>Date</small> </div> <div> 386-935-2317 <small>Daytime Phone #</small> </div> </div>																																																																																																														