2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002639

FILED Jan 07, 2009 Secretary of State

Entity Name: NORTH GILCHRIST FIRE DEPARTMENT, INC. **New Principal Place of Business: Current Principal Place of Business:** 430 N. W. CR 138 BRANFORD, FL 32008 **Current Mailing Address: New Mailing Address:** 610 NW 120 LOOP BRANFORD, FL 32008 FEI Number: 59-2432519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STROM, DAVID W 610 N. W. 120 LOOP BRANFORD, FL 32008 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STROM, DAVID W Name: Name: Address: 610 N. W. 120 LOOP Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STROM, CATHY B Name: Address: 610 NW 120 LOOP Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition RIFFLE, BUD Name: Name: 2829 N. E. 80TH AVE. Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 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: CATHY B STROM T 01/07/2009