

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04309

FILED
Apr 30, 2008
Secretary of State

Entity Name: ESCAMBIA COUNTY VOLUNTEER FIREMENS ASSOCIATION, INC.

Current Principal Place of Business:

6400 WEST NINE MILE ROAD
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3914
PENSACOLA, FL 32516 US

New Mailing Address:

FEI Number: 59-2084268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, MARY D
7209 LILLIAN HWY
PENSACOLA, FL 32506 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: PRES () Delete
Name: MCNAIR, STEVE
Address: 6400 WEST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32526 US

Title: 1VP () Delete
Name: BURKETT, REGIE
Address: 10 TEDDAR ROAD
City-St-Zip: CENTURY, FL 32535 US

Title: 2VP () Delete
Name: WHITFIELD, ROBBIE
Address: 2331 EAST JOHNSON AVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: SEC () Delete
Name: WEAVER, MARY
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506 US

Title: D () Delete
Name: STEWART, ROBERT
Address: 7760 HIGHWAY 97
City-St-Zip: WALNUT HILL, FL 32568 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITFIELD, ROBBIE
Address: 6400 WEST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32526 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: GILMORE, ERIC
Address: 6400 WEST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514 US

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: MARY WEAVER

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date