2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

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Entity Name: SOUTH GULF COUNTY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

240 CAPE SAN BLAS ROAD
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 457
PORT ST. JOE, FL 32457

New Mailing Address:

P.O. BOX 126
PORT ST. JOE, FL 32457

FEI Number: 20-5940941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSS, PRESTON
202 SEAGRASS CIRCLE
PORT ST. JOE, FL 32456 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:	PD	( ) Delete
Name:	RUSS, PRESTON	
Address:	202 SEAGRASS CIRCLE	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	VD	( ) Delete
Name:	CAUGHEY, JAMES	
Address:	273 FLORIDA AVENUE	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	SD	( ) Delete
Name:	WILSON, LARRY	
Address:	109 TAMPICO DRIVE	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	TD	( ) Delete
Name:	ROBERSON, STANLEY	
Address:	278 TREASURE DRIVE	
City-St-Zip:	PORT ST. JOE, FL 32456	
Title:	CD	(X) Delete
Name:	BLAIR, LANNY	
Address:	1075 CAPE SAN BLAS ROAD	
City-St-Zip:	PORT ST. JOE, FL 32456	

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:	( ) 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: STANLEY B ROBERSON TREA 02/02/2008
Electronic Signature of Signing Officer or Director — Date