

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011845

FILED
Jan 06, 2012
Secretary of State

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

Current Principal Place of Business:

240 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-5940941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPTE, DAVID
797 CAPE SAN BLAS RD
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: P
Name: RUSS, PRESTON
Address: 4288 CAPE SAN BLAS RD
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: V
Name: CAUGHEY, JAMES
Address: 273 FLORIDA AVENUE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: T
Name: SAPTE, DAVID
Address: 797 CAPE SAN BLAS RD
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: S
Name: BISHOP, ROBERT V
Address: 241 HAVEN RD
City-St-Zip: PORT ST. JOE, FL 32456

Title: D
Name: CHRISTY, SANDRA
Address: 122 MARINER LN
City-St-Zip: PORT ST JOE, FL 32456 US

Title: MR
Name: KROLL, WILLIAM
Address: 193 N SEMINOLE ST
City-St-Zip: PORT ST JOE, FL 32456 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID SAPTE

MR

01/06/2012

Electronic Signature of Signing Officer or Director

Date