





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90194 050 ****61.25

DOCUMENT # N07634					
1. Entity Name WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.					
Principal Place of Business		Mailing Address		40081560 	
2 OAK STREET CRAWFORDVILLE, FL 32327 US		P.O. BOX 1327 CRAWFORDVILLE, FL 32327 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01132007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2493286 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOVE, RAYMOND 18 LAKEWOOD DR PANACEA, FL 32346			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: 			DATE: 4-11-07		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHYLKEFSKI, AL		NAME		
STREET ADDRESS	83 WALDON RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIGOTT, STEVE		NAME		
STREET ADDRESS	2800 COASTAL HWY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVID		NAME		
STREET ADDRESS	190 REVELL RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTIE, HARVEY		NAME		
STREET ADDRESS	296 TRICE LN		STREET ADDRESS	296 Trice LN	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARGARET		NAME		
STREET ADDRESS	10074 SPRING SINK RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARCY, BRAZIER		NAME		
STREET ADDRESS	60 HOLIDAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		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 all other like empowered.					
SIGNATURE: 			DATE: 4-11-07		DAYTIME PHONE #: 850-933-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #