

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 025 ****61.25

DOCUMENT # N07634					
1. Entity Name WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.					
Principal Place of Business 2 OAK STREET CRAWFORDVILLE, FL 32327 US			Mailing Address P.O. BOX 1327 CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2493286	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVE, RAYMOND 18 LAKEWOOD DR PANACEA, FL 32346			7. Name and Address of New Registered Agent 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: <u><i>Raymond Love</i></u> 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME SHYLKEFSKI, AL STREET ADDRESS 83 WALDON RD CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME PIGOTT, STEVE STREET ADDRESS 2800 COASTAL HWY CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HARRISON, DAVID STREET ADDRESS 190 REVELL RD CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LETTIE, HARVEY STREET ADDRESS 296 TRICE LN CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GONZALEZ, MARGARET STREET ADDRESS 10074 SPRING SINK RD CITY-ST-ZIP TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Bowman, Andy STREET ADDRESS 68 Purple Martin Cove CITY-ST-ZIP Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME D'ARCY, BRAZIER STREET ADDRESS 60 HOLIDAY DRIVE CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Lettie Harvey</i></u> 4-28-08 950-933-4464 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					