

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07634

FILED
Apr 18, 2009
Secretary of State

Entity Name: WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

2 OAK STREET
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1327
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2493286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVE, RAYMOND
18 LAKEWOOD DR
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

BOWMAN, CLAUDE A
196 SAVANNAH FOREST CIRCLE
CRAWFORDVILLE, FL 32327 US

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: CLAUDE A BOWMAN 04/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHYLKEFSKI, AL
Address: 83 WALDON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: PIGOTT, STEVE
Address: 2800 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PD () Delete
Name: HARRISON, DAVID
Address: 190 REVELL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: LETTIE, HARVEY
Address: 296 TRICE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: BOWMAN, ANDY
Address: 68 PURPLE MARTIN COVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: D'ARCY, BRAZIER
Address: 60 HOLIDAY DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, THOMAS
Address: 68 HIDDEN VALLEY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: D (X) Change () Addition
Name: HARRISON, DAVID
Address: 190 REVELL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change () Addition
Name: LETTIE, HARVEY
Address: 39 HOME STRETCH LANE APT A1
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD (X) Change () Addition
Name: BOWMAN, CLAUDE A
Address: 196 SAVANNAH FOREST CIRCLET
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LETTIE HARVEY T 04/18/2009
Electronic Signature of Signing Officer or Director Date