

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07634

FILED
Apr 03, 2010
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:

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

Name and Address of New Registered Agent:

BOWMAN, CLAUDE A
36 JASMINE STREET
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:

04/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WRIGHT, THOMAS
Address: 68 HIDDEN VALLEY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD
Name: RUSSELL, WILLIAM
Address: 24 RIVER DRIVE
City-St-Zip: PANACEA, FL 32346

Title: D
Name: HARRISON, DAVID
Address: 190 REVELL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: D
Name: BOWMAN, CLAUDE A
Address: 36 JASMINE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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: LETTIE HARVEY

T

04/03/2010

Electronic Signature of Signing Officer or Director

Date