

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07634

**FILED**  
**Feb 22, 2012**  
**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  
9 KING ARTHURS COURT  
CRAWFORDVILLE, FL 32327 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: VD  
Name: WALTERS, JAROD  
Address: 64 FEATHER TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PD  
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: 9 KING ARTHURS COURT  
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

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02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date