

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001656

FILED
Feb 23, 2011
Secretary of State

Entity Name: VOLUNTEER WAKULLA, INC.

Current Principal Place of Business:

5 CRESCENT WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

84 CEDAR AVE.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

5 CRESCENT WAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

84 CEDAR AVE.
CRAWFORDVILLE, FL 32327

FEI Number: 35-2326182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKSDALE, JO
5 CRESCENT WAY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

BARKSDALE, JO
84 CEDAR AVE.
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:

02/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MUELLER, PAMELA
Address: P O BOX 1300
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D
Name: JACKSON, SCOTT
Address: 84 CEDAR AVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: BARKSDALE, JO
Address: 84 CEDAR AVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: JONES, DOUG
Address: P O BOX 525
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: T
Name: HICKMAN, GAIL
Address: 528 HICKORYWOOD
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: PAMELA MUELLER

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date