

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007612

FILED
Feb 08, 2012
Secretary of State

Entity Name: CLEWISTON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

120 COMMERCIO ST
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 1120
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 27-1019542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTON, ROBERT S SR.
813 W AZTEC AVE
CLEWISTON, FL 33440 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: P
Name: HUNTON, ROBERT S SR.
Address: 813 W AZTEC AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VP
Name: LANGFORD, EDWIN S
Address: 809 W AZTEC AVE
City-St-Zip: CLEWISTON, FL 33440

Title: S/T
Name: GOMEZ, MANUEL
Address: 230 BASILAN CRESCENT
City-St-Zip: CLEWISTON, FL 33440

Title: DIR
Name: MCDUFFIE, WILLIAM H JR
Address: 509 E SAGAMORE
City-St-Zip: CLEWISTON, FL 33440

Title: DIR
Name: EDWARDS, JEFFERY
Address: 906 N BERNER ROAD
City-St-Zip: CLEWISTON, FL 33440

Title: DIR
Name: REESE, TRAVIS J SR.
Address: 807 CARIBBEAN AVE.
City-St-Zip: CLEWISTON, FL 33440

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: TRAVIS REESE

DIR

02/08/2012

Electronic Signature of Signing Officer or Director

Date