

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90024 013 ****61.25

DOCUMENT # N09688

1. Entity Name

**RURAL DISTRICT NO. 4 VOLUNTEER FIRE
DEPARTMENT, INC.**



Principal Place of Business

9990 SW 63RD LN
CEDAR KEY FL 32625
US

Mailing Address

P.O. BOX 70
CEDAR KEY FL 32625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0007171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, CHRISTY
6350 SW 95TH AVE
CEDAR KEY FL 32625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME WILKERSON, GERALD ☐ Delete
STREET ADDRESS SW 103RD TERR
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D
NAME HATHCOX, JOE ☐ Delete
STREET ADDRESS SHILOH ROAD
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE P
NAME THOMPSON, CHRISTY ☐ Delete
STREET ADDRESS 6350 SW 95TH AVE
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D
NAME MERCER, NATHAN ☐ Delete
STREET ADDRESS 6491 SW SR 24
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE C
NAME HATHCOX, CLIFFORD ☐ Delete
STREET ADDRESS 810 SHILOH ROAD
CITY-ST-ZIP CEDAR KEY 32 32625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P/S/T
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christy Thompson*

1- -06 358-543-5725