

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002971

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** HOWARD CREEK VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

7132 DOC WHITFIELD RD.  
WEWAHITCHKA,, FL 32465

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5053  
WHITE CITY, FL 32465

**New Mailing Address:**

7132 DOC WHITFIELD RD.  
WEWAHITCHKA,, FL 32465

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANDERTULIP, WILLIAM J  
1726 MACE MARTIN RD.  
WEWAHITCHKA, FL 32465 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: PRES  
Name: VANDERTULIP, WILLIAM J  
Address: 1726 MACE MARTIN RD.  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SEC  
Name: MOORE, ANNA M  
Address: 888 CALF BARN RD.  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: FF  
Name: SMITH, JASON  
Address: 159 S. MURPHY  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: CHF  
Name: MOORE, BILLY R  
Address: 888 CALF BARN RD.  
City-St-Zip: WEWAHITCHKA, FL 32465

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: BILLY MOORE

CHF

02/17/2011

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

\_\_\_\_\_  
Date