

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21855

FILED
Apr 25, 2007
Secretary of State

Entity Name: FIVE POINTS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

4288 DOUGLAS FERRY ROAD
CARYVILLE, FL 32427 US

New Principal Place of Business:

Current Mailing Address:

C/O CHIEF MYRON PIERCE
4053 DOUGLAS FERRY RD
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-2815897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, MYRON
4053 DOUGLAS FERRY RD
BONIFAY, FL 32425 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: D () Delete
Name: PIERCE, DAVID
Address: 4053-A DOUGLAS FERRY ROAD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: PIERCE, MYRON
Address: 4053 DOUGLAS FERRY ROAD
City-St-Zip: BONIFAY, FL 32425

Title: DC () Delete
Name: PIERCE, BRYAN
Address: 1610 LAWRENCE ROAD
City-St-Zip: BONIFAY, FL 32425

Title: DV () Delete
Name: ARMES, DARREL
Address: 3862 YATES STLM ROAD
City-St-Zip: CARYVILLE, FL 32427

Title: D () Delete
Name: PITTS, RICKY
Address: 3881 DESALVO RD
City-St-Zip: CARYVILLE, FL 32427

Title: ST () Delete
Name: PIERCE, ELAINE
Address: 4053 DOUGLAS FERRY ROAD
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MYRON PIERCE

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date