

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2007
Secretary of State**

DOCUMENT# N22940

Entity Name: FOWLERS BLUFF VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

4591 NW COUNTY RD 347
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 442
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-2891784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUNT, ROBERT PRES
116 EAST PARK AVE
CHIEFLAND, FL 32626 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 () Delete
Name: MOUNT, ROBERT
Address: 116 E PARK AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: LEFFEWE, MARY
Address: 4549 152 CT
City-St-Zip: CHIEFLAND, FL 32626

Title: T () Delete
Name: STOCKMAN, JUDY
Address: 15591 NW 46 LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: COOK, JOHN
Address: 4751 NW 149TH AVE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SIMPKINS, CATHY
Address: 4496 NW 152ND AVE
City-St-Zip: CHIEFLAND, FL 32626

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 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: ROBERT MOUNT

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

Date