

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22940

FILED
Jan 06, 2011
Secretary of State

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:

110 EAST PARK AVE
CHIEFLAND, FL 32626 US

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:

MOUNT, ROBERT JR
110 EAST PARK AVE
CHIEFLAND, FL 32626 US

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: ROBERT MOUNT JR

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MOUNT, ROBERT
Address: 110 EAST PARK AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: SEC
Name: SIMPKINS, CATHY
Address: 4496 NW 152ND AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: TRES
Name: TYRRELL, ELIZABETH A
Address: 15490 NW 42ND LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D
Name: COOK, JOHN
Address: 15007 NW 46TH LN
City-St-Zip: CHIEFLAND, FL 32626

Title: VP
Name: MILLER, CRAIG H
Address: 15490 NW 42ND LN
City-St-Zip: CHIEFLAND, FL 32626

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: ROBERT MOUNT JR.

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date