
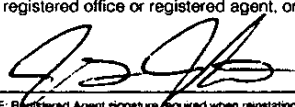
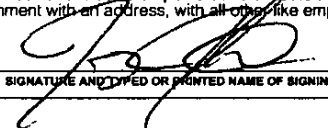


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 005 \*\*\*\*61.25

<b>DOCUMENT # N23244</b> 1. Entity Name <b>WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>3083 SHADEVILLE HWY CRAWFORDVILLE, FL 32327 US</b>			Mailing Address <b>3083 SHADEVILLE HWY CRAWFORDVILLE, FL 32327 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2859621</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHYLKOFSKI, AL J 83 WALDON RD. CRAWFORDVILLE, FL 32327</b>			Name <b>Jerry Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>38 Fawn Rd</b> City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</b>		
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 <b>Jerry Johnson</b> x  <b>1-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC MOORE, DELANA 3083 SHADEVILLE HWY. CRAWFORDVILLE, FL 32327</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Margaret Gonzalez 3083 Shadeville Rd Crawfordville, FL 32327</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WRIGHT, THOMAS 3083 SHADEVILLE HWY. CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHYLKOFSKI, AL 83 WALDON RD CRAWFORDVILLE, FL 32327</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jerry Johnson 38 Fawn Rd Crawfordville, FL 32327</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOHNSON, JERRY 3083 SHADEVILLE HWY. CRAWFORDVILLE, FL 32327</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP David Reeves 3083 Shadeville Rd Crawfordville, FL 32327</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOORE, DELANA 3083 SHADEVILLE HWY. CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Margaret Whitehead 3083 Shadeville Rd Crawfordville, FL 32327</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>1-1-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					