

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90002 012 \*\*\*\*61.25

**DOCUMENT # N27311**

1. Entity Name  
**GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**ROAD 326**  
**GULF HAMMOCK, FL 32639 US**

Mailing Address  
**P.O. BOX 313**  
**GULF HAMMOCK, FL 32639 US**

**0004033**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2898525**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEPHENS, HAROLD B ESQ**  
**825 N CITRUS AVE**  
**CRYSTAL RIVER, FL 34428**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	WHITE, JAMES P JR	
STREET ADDRESS	6150 SE 32ND CRT	
CITY-ST-ZIP	GULF HAMMOCK, FL 32639	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENS, WANDA L	
STREET ADDRESS	6650 SE HWY 19	
CITY-ST-ZIP	GULF HAMMOCK, FL 32639	
TITLE	S	<input type="checkbox"/> Delete
NAME	ECKER, MICHELLE	
STREET ADDRESS	5550 SE 26TH CRT	
CITY-ST-ZIP	GULF HAMMOCK, FL 32639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 employed 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 duties like employed.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**ATTACHMENT**  
**Division of Corporations**  
**50024039**  
**Annual Report**

Annual Report Help

Document Number

**N27311**

Business Entity Name

**GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.**

FEI Number

**592898525**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address **ROAD 326**  
Suite, Apt. #, etc.   
City, State **GULF HAMMOCK** **FL**  
Zip Code & Country **32639** **US**

**Mailing Address**

Address **P.O. BOX 313**  
Suite, Apt. #, etc.   
City, State **GULF HAMMOCK** **FL**  
Zip Code & Country **32639** **US**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) **STEPHENS** **HAROLD** **B** **ESQ**

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **825 N CITRUS AVE**

Suite, Apt. #, etc.

City, State **CRYSTAL RIVER** **FL**

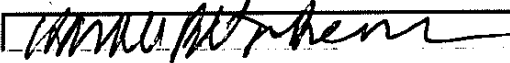
Zip Code & Country **34428** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

# 50024039  
# N27311

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title

# ATTACHMENT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

52024039  
#N27311

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over

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