

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 007 ****61.25

40046010



01112007 Chg-NP CR2E037 (12/06)

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
STEPHENS, HAROLD B ESQ

Street Address (P.O. Box Number is Not Acceptable)
3591 W Gulf to Lake Highway

City
Lecanto **FL** Zip Code
34461

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 May 1, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP

C
WHITE, JAMES P JR
6150 SE 32ND CRT
GULF HAMMOCK, FL 32639

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
STEPHENS, WANDA L
6650 SE HWY 19
GULF HAMMOCK, FL 32639

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
ECKER, MICHELLE
5550 SE 26TH CRT
GULF HAMMOCK, FL 32639

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT 40022570
#N27311
Division of Corporations

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

3591 West Gulf to Lake Highway

ATTACHMENT
400 22570
#N27311

acceptable)

Suite, Apt. #, etc.

City, State

Zip Code & Country

Lecanto, FL

34461 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 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

C

Name (Last, First, Middle, Title)

WHITE, JAMES, P, JR

- OR -

Entity Name to serve as Officer/Director

Street Address

6150 SE 32ND CRT

City, State

GULF HAMMOCK, FL

Zip Code & Country

32639

Title

T

Name (Last, First, Middle, Title)

STEPHENS, WANDA, L

- OR -

Entity Name to serve as Officer/Director

ATTACHMENT 40022570
#N27311

Street Address

6650 SE HWY 19

City, State

GULF HAMMOCK

FL

Zip Code & Country

32639

Title

S

Name (Last, First, Middle,
Title)

ECKER

MICHELLE

- OR -Entity Name to serve as
Officer/Director

Street Address

5550 SE 26TH CRT

City, State

GULF HAMMOCK

FL

Zip Code & Country

32639

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,

ATTACHMENT
40022570
#N27311

Profit and NonProfit Annual Report Help

Corporations can file an annual report on-line up through the administrative dissolution/revocation date. An amended annual report can be filed on-line at any time once the initial annual report has been filed.

Annual Reports are processed and posted within 24 to 48 hours of filing. A Certificate of Status can be requested. All correspondence is mailed via the US Postal Service to the corporate mailing address. We do not provide an e-mail acknowledgement.

Filing fees: The fee to file is based on the corporate status, for profit or not for profit.

For Profit fees: The fee to file a for profit annual report is \$150.00 if filed between January 1 and May. After May 1 a for profit corporation can be subject to a \$400.00 late fee.

Not for Profit fees: The fee to file a not for profit annual report is \$61.25. Not for profit corporations are not subject to any late fee after May 1.

Waiver of the \$400.00 late fee: The late fee of \$400.00 can be waived if the box indicating non-receipt of the prior notice is checked. Only the annual report fee will be charged.

Certificate of Status: A certificate of status is \$8.75.

What is a Certificate of Status? A certificate of status is a certificate certifying the corporation is registered and active with the Division of Corporations and has paid all fees due this office through December 31. The certificate is optional. Only one can be requested as part of the online annual report. You may request a certificate at a later date, and can be requested online.

Corporate Name: The name of a corporation can not be changed on the annual report. Articles of Amendment must be filed to change the corporate name.

ATTACHMENT
40022570
#N27311

FBI Number: This is the Federal Employer Identification number. This is a 9 digit number assigned by the Internal Revenue Service (IRS) by filing the SS-4 form. You may contact the IRS at 1-800-829-1040. In order for the annual report to be accepted, the corporation must provide the number, check the "APPLIED FOR" box, or the "NOT APPLICABLE" box.

If our records indicate the number was previously "APPLIED FOR", a number must now be provided, or the "NOT APPLICABLE" box checked. We can not file an annual report online where the number is being "APPLIED FOR" again. The annual report would need to be downloaded and mailed to our office. A copy of the SS-4 would need to be attached to the application.

When entering the FBI number, enter only numbers, do not enter the dash.

Principal place of business and mailing address: These addresses can be the same. They do not have to be in Florida. A Post Office Box is acceptable for the mailing address however the principal address must be a street address.

Registered Agent: The registered agent is a person or business entity that has agreed to accept service of process and other legal documents on behalf of the corporation. A corporation may not serve as its own agent. An officer or director of the corporation may serve as the registered agent. The registered agent must have a Florida street address. A Post Office Box is not acceptable. The signature of the new agent is required, to accept the designation, if there is a change in registered agent.

If the CHIEF FINANCIAL OFFICER, formerly the INSURANCE COMMISSIONER, is listed as the registered agent, the registered agent information can not be changed on the application. Please type in 'NOT REQUIRED' in the signature field.

The registered agent signs the application by typing their name in the signature field. The corporation should maintain in their records the actual acceptance of the registered agent.

Officers and Directors: The corporation is required to provide the title (s), name and address the officers and directors of the corporation. At least one officer or director must be listed. A Post Office Box is acceptable.

Our database can hold up to six officers/directors. If additional officers/directors are required to be listed, you will need to download an annual report and list the additional officers/directors on an attachment.

An officer can also be a director, and vice versa. Please use the first letter of the title, to designate the office. Examples: President = P, vice president = V, secretary = S, treasurer = T, director = D, trustees = Tr (this is an exception)

One officer is required to sign the report. You will list their title, then type their name.

In order to properly address your needs please direct your questions to the following sections:

For specific filing questions, please call the Annual Report section at 850-245-6056. To speak to an examiner, please press 4.

For technical questions concerning the online application process or payment problems, please call the Internet Support Section at 850-245-6939.

ATTACHMENT 40022570
#N27311

Title) _____

- OR -Entity Name to serve as
Officer/Director _____

Street Address _____

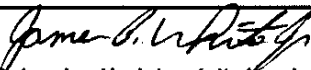
City, State _____

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.

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