

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27311

FILED  
May 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

ROAD 326  
GULF HAMMOCK, FL 32639 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 313  
GULF HAMMOCK, FL 32639 US

**New Mailing Address:**

**FEI Number:** 59-2898525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEPHENS, HAROLD B ESQ  
3591 W GULF TO LAKE HIGHWAY  
LECANTO, FL 34461 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: C ( ) Delete  
Name: WHITE, JAMES P JR  
Address: 6150 SE 32ND CRT  
City-St-Zip: GULF HAMMOCK, FL 32639

Title: T ( ) Delete  
Name: STEPHENS, WANDA L  
Address: 6650 SE HWY 19  
City-St-Zip: GULF HAMMOCK, FL 32639

Title: S ( ) Delete  
Name: ECKER, MICHELLE  
Address: 5550 SE 26TH CRT  
City-St-Zip: GULF HAMMOCK, FL 32639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JAMES P. WHITE, JR.

C

05/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date