2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90045 049 ****61.25

DOCUMENT # N42648

1. Entity Name
CALHOUN COUNTY FIRE FIGHTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7380 NW PORTER GRADE ALTHA, FL 32421	7380 NW PORTER GRADE ALTHA, FL 32421

02172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3034888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MYRHAMMAR, ROLF L.
7380 NW PORTER GRADE
ALTHA, FL 32421

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (REQUIRED: Registered Agent's signature required when changing agent)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HUCKABY, COY 19635 NW SR 73 BLOUNTSTOWN, FL 32424	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D O'BRYAN, DARRYL 21687 N.W LOYD DR ALTHA FL 32421	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP MYRHAMMAR, ROLF L 7380 NW PORTER GRADE ALTHA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PARRISH, DOWLING RTE 1 BOX 11 ALTHA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HIRES, RICK 19119 ELIJAN MORRIS RD. BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CLARK, BOBBY 18596 SR 20 W BLOUNTSTOWN, FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HALL, BEN 20103 NEW WADE ST. BLOUNTSTOWN, FL 32424	☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: Rolf L Myrhammar ROLF L. MYRHAMMAR 2-25-05 8507623885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone number