

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90262 012 ****61.25

DOCUMENT # N42648

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



Principal Place of Business
**7380 NW PORTER GRADE
ALTA, FL 32421**

Mailing Address
**7380 NW PORTER GRADE
ALTA, FL 32421**

2. Principal Place of Business
19119 ELIJAH MORRIS RD
Suite, Apt. #, etc.

3. Mailing Address
19119 ELIJAH MORRIS RD
Suite, Apt. #, etc.

City & State
BLOUNTSTOWN FL
Zip
32424
Country
USA

City & State
BLOUNTSTOWN FL
Zip
32424
Country
USA

01192006 Chg-NP CR2E037 (11/05)

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
ALTA, FL 32421**

7. Name and Address of New Registered Agent

Name
Hires, Rick
Street Address (P.O. Box Number is Not Acceptable)
19119 ELIJAH MORRIS RD
City
BLOUNTSTOWN FL Zip Code
32424

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 **X Rick Hires**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-2006

**Filing Fee is \$61.25
Due by May 1, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	O'BRYAN, DARRYL	21687 NW LOYD DR	ALTA, FL 32421	<input type="checkbox"/>
DP	MYRHAMMAR, ROLF L	7380 NW PORTER GRADE	ALTA, FL	<input type="checkbox"/>
D	PARRISH, DOWLING	RTE 1 BOX 11	ALTA, FL	<input checked="" type="checkbox"/>
D	HIRES, RICK	19119 ELIJAH MORRIS RD.	BLOUNTSTOWN, FL 32424	<input type="checkbox"/>
D	CLARK, BOBBY	18596 SR 20 W	BLOUNTSTOWN, FL 32424	<input type="checkbox"/>
D	HALL, BEN	20103 NEW WADE ST.	BLOUNTSTOWN, FL 32424	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: **Rick Hires, Reg. Agent**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 674-7057