2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90051 014 ****61.25

DOCUMENT # N42648

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

Principal Place of Business	Mailing Address
19119 ELIJAN MORRIS RD BLOUNTSTOWN, FL 32424	19119 ELIJAN MORRIS RD BLOUNTSTOWN, FL 32424

400026150

01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21687 NW Loyed Rd	21687 NW Loyed Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTHA, FL	City & State: Altha, FL
Zip: 32421 Country: United States	Zip: 32421 Country: United States

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	7. Name and Address of New Registered Agent
HIRES, RICK 19119 ELIJAN MORRIS RD BLOUNTSTOWN, FL 32424	Name: Darryl O'Bryan Street Address (P.O. Box Number is Not Acceptable): 21687 NW Loyed Rd City: Altha FL Zip Code: 32421

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: Darryl O'Bryan 1/24/2007
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRYAN, DARRYL 21687 NW LOYD DR ALTHA, FL 32421	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 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	DP 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	D Parrish, Kevin 17064 NW Morgan Tucker Rd. Altha, FL 32421	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Benjamin Hall, Benjamin L. Hall, Secretary 1/24/07 850/674/4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #