

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42648

FILED
Feb 18, 2008
Secretary of State

Entity Name: CALHOUN COUNTY FIRE FIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

21687 NW LOYED RD
ALTHA, FL 32421

New Principal Place of Business:

4966 SW JOHN DANIELS RD
KINARD, FL 32449

Current Mailing Address:

21687 NW LOYED RD
ALTHA, FL 32421

New Mailing Address:

4966 SW JOHN DANIELS RD
KINARD, FL 32449

FEI Number: 59-3034888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRYAN, DARRYL
21687 NW LOYED RD
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

DANIELS, DOYLE
4966 SW JOHN DANIELS RD
KINARD, FL 32449 US

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: DOYLE DANIELS

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'BRYAN, DARRYL
Address: 21687 NW LOYD DR
City-St-Zip: ALTHA, FL 32421

Title: D3 () Delete
Name: MYRHAMMAR, ROLF L
Address: 7380 NW PORTER GRADE
City-St-Zip: ALTHA, FL

Title: DP () Delete
Name: HIRES, RICK
Address: 19119 ELIJAN MORRIS RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D (X) Delete
Name: PARRISH, KEVIN
Address: 17064 NW MORGAN TUCKER RD
City-St-Zip: ALTHA, FL 32421

Title: D (X) Delete
Name: HALL, BEN
Address: 20103 NEW WADE ST.
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYKINS, RANDIE
Address: 14954 SW REDDIN BRUNSON
City-St-Zip: CLARKSVILLE, FL 32430

Title: O (X) Change () Addition
Name: DOUG, HARREL
Address: 16429 NW JOHN F BAILEY RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: O (X) Change () Addition
Name: LYKINS, BARBARA
Address: 14954 SW REDDIN BRUNSON RD
City-St-Zip: BLOUNTSTOWN, FL 32424

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: BARBARA LYKINS

SEC

02/18/2008

Electronic Signature of Signing Officer or Director

Date