


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90104 011 ****70.00

DOCUMENT # N43171	
1. Entity Name CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 5769 SW CR 141 JASPER, FL 32052 US	Mailing Address 5769 SW CR 141 JASPER, FL 32052 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0260877		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCORMICK, JOHN H 215 N.E. 2ND STREET JASPER, FL 32052		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGNER, SAM 6394 SW 57TH WAY JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, WILLIAM 7793 SW 79TH DRIVE JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEROCCO, LADDIE 4976 NW 42ND PLACE JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DeRocco, Laddie SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALISH, DEBBIE 5200 SW 42ND CT JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Debbie DeRocco 6614 N.W. US Hwy 41 Jasper, FL 32052 Fire Chief DeRocco</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARZ, MARJORIE RT 3 BOX 382-C-24 JASPER, FL 32052 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Frederick L. DeRocco Jr. 6614 NW US Hwy 41 Jasper, FL 32052</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARZ, EMIL F. ROUTE 3 BOX 382C-24 JASPER, FL 32052 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *L. De Rocco* / *Laddie DeRocco* 1/14/05 386-438-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #