


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90098 009 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
Filing Fee is \$61.25 Due by May 1, 2006		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.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGNER, SAM		NAME		
STREET ADDRESS	6394 SW 57TH WAY		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WILLIAM		NAME		
STREET ADDRESS	7793 SW 79TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEROCCO, LADDIE		NAME		
STREET ADDRESS	4976 NW 42ND PLACE		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEROCCO, DEBBIE		NAME	<i>None right now</i>	
STREET ADDRESS	6614 NW US HWY 41		STREET ADDRESS	<i>DeRocco, Frederick L. Jr</i>	
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP	<i>4299 West S.R. 6</i> <i>Jasper, FL 32052</i>	
TITLE	FC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEROCCO, FREDERICK L JR		NAME		
STREET ADDRESS	6614 NW US HWY 41 <i>4299 West S.R. 6</i>		STREET ADDRESS		
CITY-ST-ZIP	JASPER, FL 32052		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>L.R. DeRocco</i> / <i>L.R. DeRocco</i> <i>Treasure</i> <i>2/17/06</i> <i>386-938-4850</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					