

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43171

FILED
Feb 27, 2009
Secretary of State

Entity Name: CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5769 SW CR 141
JASPER, FL 32052 US

New Principal Place of Business:

Current Mailing Address:

5769 SW CR 141
JASPER, FL 32052 US

New Mailing Address:

FEI Number: 65-0260877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, JOHN H
215 N.E. 2ND STREET
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, WILLIAM
Address: 7793 SW 79TH DR
City-St-Zip: JASPER, FL 32052

Title: VP () Delete
Name: MCDONALD, MARGARET
Address: 4668 SW 69TH DRIVE
City-St-Zip: JASPER, FL 32052

Title: T () Delete
Name: DEROCO, LADDIE
Address: 4976 NW 42ND PLACE
City-St-Zip: JASPER, FL 32052

Title: S () Delete
Name: DEROCO, ROBIN L
Address: 4976 NW 42ND PLACE
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NAVARRO, ARMANDINA
Address: 7471 NW CR 152
City-St-Zip: JENNINGS, FL 32053 US

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: ARMANDINA NAVARRO

T

02/27/2009

Electronic Signature of Signing Officer or Director

Date