

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46040

FILED
Apr 23, 2007
Secretary of State

Entity Name: CONCORD VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

4838 FAIRBANKS FERRY ROAD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1125
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-3096081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING, JULIE
408 CHINA BERRY LANE
HAVANA, FL 32333 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: PD () Delete
Name: STRAHAN, BOBBY
Address: 5674 FAIRBANKS FERRY RD.
City-St-Zip: HAVANA, FL 32333

Title: SD () Delete
Name: BROWNING, JULIE,
Address: 408 CHINA BERRY LANE
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: COLLINS, M. OLIVE
Address: 508 3RD ST NE
City-St-Zip: HAVANA, FL 32333

Title: VD (X) Delete
Name: BROWNING, TABATHA
Address: 239 5TH ST. S.W.
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: BROWNING, TABATHA
Address: 239 SW 5 TH STREET
City-St-Zip: HAVANA, FL 32333

Title: SD (X) Change () Addition
Name: BROWNING, JULIE
Address: 408 CHINA BERRY LANE
City-St-Zip: HAVANA, FL 32333

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: JULIE BROWNING

SD

04/23/2007

Electronic Signature of Signing Officer or Director

Date