

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 A
Secretary of State

DOCUMENT # N93000002487

1. Entity Name
FLORAL CITY FIRE DEPARTMENT, INCORPORATED



Principal Place of Business
8394 E. ORANGE AVE.
FLORAL CITY, FL 34436

Mailing Address
POB 555
FLORAL CITY, FL 34436



02252008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3325436

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MARK J. YERMAN, ESQ.,
7655 W. GULF TO LAKE HWY.
STE. 5
CRYSTAL RIVER, FL 34429

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GOODALL, RUSS
STREET ADDRESS 5925 S HICKORY DR
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE V
NAME WILLIASON, MICHAEL
STREET ADDRESS 12664 E BOG BUCK TRAIL
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE S
NAME SILVER, HEATHER
STREET ADDRESS 11628 E LAUREL COURT
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE TRES
NAME HOLDEN, DONNA
STREET ADDRESS 7589 S CRESCENT LOOP
CITY-ST-ZIP FLORAL CITY, FL

TITLE D
NAME WILLIAMSON, MICHAEL
STREET ADDRESS 12664 E. BIG BUCK TRAIL
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE D
NAME HEADEY, RANDALL
STREET ADDRESS 6490 S DOLPHIN DR
CITY-ST-ZIP FLORAL CITY, FL 34436

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL WILLIAMSON

5-8-06 321746-2260
Date Daytime Phone