

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002487**

1. Entity Name  
**FLORAL CITY FIRE DEPARTMENT, INCORPORATED**



Principal Place of Business

**7880 E. SAPNISON TRL  
FLORAL CITY, FL 34436**

Mailing Address

**POB 555  
FLORAL CITY, FL 34436**



01152008 No Chg-NP

CR2E037 (4/06)

**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 then applicable)

(NOTE: Registered Agent signature required when installing)

**U000000789843**

**01/23/08-80009-024 70.00**

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 11626 E LAUREL COURT  
CITY-ST-ZIP FLORAL CITY, FL 34436**

**TITLE T  
NAME ROSE, RALPH  
STREET ADDRESS 3011 S. ROSE AVE  
CITY-ST-ZIP INVERNESS, FL 34450**

**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**

**DO NOT WRITE  
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:**

*Russell Z. Goodall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-08**