

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90055 026 ****61.25

DOCUMENT # N93000003218					
1. Entity Name FIREHOUSE CULTURAL CENTER, INC.					
Principal Place of Business 241 NORTH BRIDGE STREET LABELLE, FL 33935		Mailing Address P O BOX 958 LABELLE, FL 33975 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0421554	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUCKEY, OWEN L JR. 722 TRADER ROAD LABELLE, FL 33935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROVES, JANICE E		NAME	BARBARA MILLER, BARBARA	
STREET ADDRESS	4012 ROCKAWAY LANE		STREET ADDRESS	115 FORD AVE	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOUGH, MICHAEL		NAME	WALKER, ERIC	
STREET ADDRESS	605 SABAL PALM CT.		STREET ADDRESS	4009 ALBANY ST	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	P	<input type="checkbox"/> Delete	TITLE	B D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REECER, LINDA M		NAME	BAINES, RONALD	
STREET ADDRESS	4565 SPRINGVIEW CIR		STREET ADDRESS	2211 G ROAD	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAINES, DONNA		NAME	PIERCE, MARTHA	
STREET ADDRESS	2211 G ROAD		STREET ADDRESS	6355 CR 78 W	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	ALVA, FL 33920	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, WILLIAM G		NAME	BRUCE, WILLIAM G	
STREET ADDRESS	PO BOX 1758		STREET ADDRESS	P.O. Box 1758	
CITY-ST-ZIP	LABELLE, FL 339751758		CITY-ST-ZIP	LABELLE, FL 33975	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, LINDA J		NAME		
STREET ADDRESS	PO BOX 1173		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33975		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: LINDA M. REECER <i>Linda M. Reecer</i> Jan 25, 2006 863-675-0215					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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