


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N93000003218</b> 1. Entity Name <b>FIREHOUSE CULTURAL CENTER, INC.</b>					
Principal Place of Business <b>241 NORTH BRIDGE STREET LABELLE, FL 33935</b>			Mailing Address <b>P O BOX 958 LABELLE, FL 33975 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0421554</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LUCKEY, OWEN L JR. 722 TRADER ROAD LABELLE, FL 33935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVES, JANICE E 4012 ROCKAWAY LANE LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BARBARA MILLER, BARBARA</b> <b>115 FORD AVE</b> <b>LABELLE, FL 33935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOUGH, MICHAEL 605 SABAL PALM CT. LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALKER, ERIC</b> <b>4009 ALBANY ST</b> <b>LABELLE, FL 33935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REECER, LINDA M 4565 SPRINGVIEW CIR LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BAR D</del> <b>BAINES, RONALD</b> <b>2211 G ROAD</b> <b>LABELLE, FL 33935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAINES, DONNA 2211 G ROAD LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIERCE, MARTHA</b> <b>6355 CR 78 W</b> <b>ALVA, FL 33920</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUCE, WILLIAM G PO BOX 1758 LABELLE, FL 339751758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRUCE, WILLIAM G</b> <b>P.O. Box 1758</b> <b>LABELLE, FL 33975</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBS, LINDA J PO BOX 1173 LABELLE, FL 33975		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
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.					
<b>SIGNATURE: LINDA M. REECER</b> <i>Linda M. Reecer</i> <b>Jan 25, 2006</b> 863-675-0215					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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