

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90035 034 \*\*\*\*70.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-0421554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE LUCKEY LAW FIRM, PL  
90 HOWE AVE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME **MILLER, BARBARA**  
STREET ADDRESS **115 FORD AVE**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☒ Addition  
NAME **ROBERT L. WAY**  
STREET ADDRESS **12250 HELM LANE**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Delete  
NAME **SHOUGH, MICHAEL**  
STREET ADDRESS **605 SABAL PALM CT.**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **REECER, LINDA M**  
STREET ADDRESS **4565 SPRINGVIEW CIR**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **BAINES, DONNA**  
STREET ADDRESS **2211 G ROAD**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SHOUGH, CINDY**  
STREET ADDRESS **605 SABAL PALM CT**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **COOMBS, LINDA J**  
STREET ADDRESS **PO BOX 1173**  
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Robert L. Way** *Robert L. Way* 2/17/2008