

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

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N94000000952

1. Entity Name
SPRING RIDGE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
5600 NE COUNTY ROAD 340
HIGH SPRINGS, FL 32643 US

Mailing Address
5600 NE COUNTY ROAD 340
HIGH SPRINGS, FL 32643 US



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3232081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARST ENVIRONMENTAL SERVICES, INC.
5779 NE COUNTY ROAD 340
HIGH SPRINGS, FL 32643

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

Peter L. Butt (KES Inc-VP)

(NOTE: Registered Agent signature required when reinstating)

1/17/08
DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHALTENBRAND, LEE
5589 NE 56 STREET
HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FINK, JOE
5280 NE 53 TERR
HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CH
ALEXANDER, DONALD
5520 NE 51 AVE
HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ORTIZ, JOANN
5760 NE 51 TERR
HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000822775
02/20/08-80011-007 61.25

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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] **DONALD ALEXANDER, Chief** *386-4545414*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #