

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000952

FILED
Jul 01, 2009
Secretary of State

Entity Name: SPRING RIDGE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5600 NE COUNTY ROAD 340
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

5600 NE COUNTY ROAD 340
HIGH SPRINGS, FL 32643 US

New Mailing Address:

FEI Number: 59-3232081 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SCHALTENBRAND, LEE
Address: 5589 NE 56 STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T () Delete
Name: FINK, JOE
Address: 5280 NE 53 TERR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: CH () Delete
Name: ALEXANDER, DONALD
Address: 5520 NE 51 AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD () Delete
Name: ORTIZ, JOANN
Address: 5760 NE 51 TERR
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE FINK

T

07/01/2009

Electronic Signature of Signing Officer or Director

Date