

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000331

1. Entity Name,

MICCOŠUKEE VOLUNTEER FIRE-RESCUE, INC.



Principal Place of Business

P O BOX 91030
MICCOSUKEE FL 32309

Mailing Address

P O BOX 91030
MICCOSUKEE FL 32309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

31-1592669

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

HARRON, JACK
15210 MAHAN DRIVE
TALLAHASSEE FL 32308

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, 2006

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

TITLE SD ☐ Delete
NAME HORTON, DENNIS
STREET ADDRESS 11071 BEACHILL LANE
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE CFO ☐ Delete
NAME ROGERS, DAVID
STREET ADDRESS 15986 REEVES LANDING RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE CD ☐ Delete
NAME HARRON, JACK
STREET ADDRESS 15210 MAHAN DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☐ Delete
NAME PLASTER, JACK
STREET ADDRESS 6809 CHISHOLM COURT WEST
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE TD ☐ Delete
NAME DICKINSON, DOUG
STREET ADDRESS 1079 CORBY CT.
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000566634
CITY-ST-ZIP 06/02/06-80008-002 61.25

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

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

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

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

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

[Signature]

[Signature]

[Signature]