


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.	
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Principal Place of Business P O BOX 91030 MICCOSUKEE FL 32309	Mailing Address P O BOX 91030 MICCOSUKEE FL 32309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 31-1592669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRON, JACK 15210 MAHAN DRIVE TALLAHASSEE FL 32308
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7. Name and Address of New Registered Agent 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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	SD HORTON, DENNIS <input type="checkbox"/> Delete 11071 BEACHILL LANE TALLAHASSEE FL 32317
TITLE	CFO ROGERS, DAVID <input type="checkbox"/> Delete 15986 REEVES LANDING RD TALLAHASSEE FL 32308
TITLE	CD HARRON, JACK <input type="checkbox"/> Delete 15210 MAHAN DR TALLAHASSEE FL 32308
TITLE	PD PLASTER, JACK <input type="checkbox"/> Delete 6809 CHISHOLM COURT WEST TALLAHASSEE FL 32311
TITLE	TD DICKINSON, DOUG <input type="checkbox"/> Delete 1079 CORBY CT. TALLAHASSEE FL 32317
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000566634
STREET ADDRESS	06/02/06-80008-002 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **5/26/06** **850-681-7007**