# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2004**
**Secretary of State**

DOCUMENT# N11822

**Entity Name:** MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

1255 N JEFFERSON ST
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 961
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number: 59-2721366** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, LESTER
1285 FLORIDA AVE.
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

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: | ST | ( ) Delete |
| Name: | COUNTS, DERYLENE D | |
| Address: | 100 S. CHERRY STREET | |
| City-St-Zip: | MONTICELLO, FL 32344 | |
| Title: | P | ( ) Delete |
| Name: | LITTLEFIELD, JAY | |
| Address: | 3161 BOSTON HIGHWAY | |
| City-St-Zip: | MONTICELLO, FL 32344 | |
| Title: | D | ( ) Delete |
| Name: | COUNTS, W G JR | |
| Address: | 10141 ASHVILLE HIGHWAY | |
| City-St-Zip: | MONTICELLO, FL 32344 | |
| Title: | V | ( ) Delete |
| Name: | EVANS, HANK | |
| Address: | 165 COOPERS POND ROAD | |
| City-St-Zip: | MONTICELLO, FL 32344 | |
| Title: | D | ( ) Delete |
| Name: | MURPHY, PAT | |
| Address: | 635 S. JEFFERSON STREET | |
| City-St-Zip: | MONTICELLO, FL 32344 | |
| Title: | D | ( ) Delete |
| Name: | LAWRENCE, LESTER | |
| Address: | 1285 FLORIDA AVENUE | |
| City-St-Zip: | MONTICELLO, FL 32344 | |

**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: | |
| 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 for the exemption stated in Section 119.07(3)(i), 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: DERYLENE D. COUNTS ST 04/14/2004
Electronic Signature of Signing Officer or Director — Date