

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718327

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**6268838412CC****Entity Name:** GEORGETOWN-FRUITLAND VOLUNTEER FIRE DEPARTMENT,  
INC.**Current Principal Place of Business:**1409 CR 309  
GEORGETOWN, FL 32139**Current Mailing Address:**P.O. BOX 8  
GEORGETOWN, FL 32139-0008**FEI Number: 59-1990913****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOYD, PATRICIA A  
1474 CR 309  
GEORGETOWN, FL 32139 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**Officer/Director Detail :**

Title	PD	Title	VP
Name	DIXON, DIANA	Name	LOCKHART, WILLIAM
Address	1409 CR 309	Address	281 GEORGETOWN SHORTCUT RD
City-State-Zip:	GEORGETOWN FL 32139	City-State-Zip:	CRESCENT CITY FL 32112
Title	SECRETARY	Title	DIRECTOR
Name	FOLEY, WILLIAM	Name	COSTON, LORIE
Address	1409 CR 309	Address	1409 CR 309
City-State-Zip:	GEORGETOWN FL 32139	City-State-Zip:	GEORGETOWN FL 32139
Title	T/D	Title	DIRECTOR
Name	BOYD, PATRICIA A	Name	POPE, MATTHEW
Address	1474 CR 309	Address	316 BIRCH BLVD.
City-State-Zip:	GEORGETOWN FL 32139	City-State-Zip:	GEORGETOWN FL 32139

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA BOYD****TREASURER****04/30/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date