

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723561

**Entity Name:** THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

2913 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408-6251

**Current Mailing Address:**

PO BOX 18877  
PANAMA CITY BEACH, FL 32417 US

**FEI Number: 23-7322380**

**Certificate of Status Desired: Yes**

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

STOPKA, ROBERT J.  
2913 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408-6251 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: ROBERT J STOPKA**

**04/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GUILLORY, JAMES  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            SECRETARY  
Name            STOPKA, ROBERT J.  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            VP  
Name            OLEKSA, CHRIS  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            TREASURER  
Name            STOPKA, ROBERT J.  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            DIRECTOR  
Name            WRIGHT, LANDON  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            DIRECTOR  
Name            CLINKSCALES, MAYLON  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            DIRECTOR  
Name            WALKER, DONALD  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

Title            DIRECTOR  
Name            LAVERY, ROBERT  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251

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*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: ROBERT STOPKA**

**SECRETARY**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STOKES, CHAD  
Address        2913 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408-6251