

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001101

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC9697311261**

**Entity Name:** MT. PLEASANT VOLUNTEER FIRE DEPARTMENT INC.

**Current Principal Place of Business:**

2875 MT PLEASANT RD  
QUINCY, FL 32351

**Current Mailing Address:**

2875 MT PLEASANT RD  
QUINCY, FL 32351

**FEI Number: 46-3156814**

**Certificate of Status Desired: No**

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

FALLIS, LUTHER W  
3633 MT PLEASANT RD  
QUINCY, FL 32351 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 P  
Name FALLIS, LUTHER W  
Address 3633 MT PLEASANT RD  
City-State-Zip: QUINCY FL 32351

Title VP  
Name CULLIFER, ED  
Address 11343 BLUE STAR HWY  
City-State-Zip: QUINCY FL 32351

Title T  
Name FALLIS, CAROLINE  
Address 3633 MT PLEASANT RD  
City-State-Zip: QUINCY FL 32351

Title D  
Name STEWART, JAMES L  
Address 709 SPITZ FARM RD  
City-State-Zip: QUINCY FL 32351

Title D  
Name BLECHGER, JOSEPH  
Address 2451 GLEN JULIA RD  
City-State-Zip: QUINCY FL 32351

Title D  
Name KELLY, SHARLYN  
Address 113491 BLUE STAR HWY  
City-State-Zip: QUINCY FL 32351

*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: LUTHER W. FALLIS**

**PRESIDENT**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date