

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001101

**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, CAROLINE P  
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:** CAROLINE P. FALLIS

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY/ TREASURER  
Name            FALLIS, CAROLINE P  
Address        3633 MT PLEASANT RD  
City-State-Zip: QUINCY FL 32352

Title            D  
Name            BASS, BEN L  
Address        4570 BLUE STAR MEMORIAL HWY  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title            D  
Name            SADLER, NANCY  
Address        10632 BLUE STAR MEMORIAL HWY  
City-State-Zip: QUINCY FL 32352

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

Title            VP  
Name            FALLIS, CLAYTON W  
Address        3941 MAT. PLEASANT RD.  
City-State-Zip: QUINCY FL 32352

*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:** CAROLINE P. FALLIS**SECRETARY/TREASURER** 04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date