

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90038 016 \*\*\*\*61.25

**DOCUMENT # 703297**

1. Entity Name

EAST PALATKA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

158 LOIS BROER ROAD  
EAST PALATKA FL 32131

Mailing Address

P.O. BOX 522  
E. PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-1600176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DAVID  
202 TILMAN ST.  
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME MORGAN, DAVID  
STREET ADDRESS 202 TILMAN ST.  
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE S/D ☒ Delete  
NAME LAINEW, HUEY  
STREET ADDRESS 123 ROBERTS BLVD.  
CITY-ST-ZIP E. PALATKA FL 32131

TITLE T/D ☐ Delete  
NAME FLEETWOOD, KEITH  
STREET ADDRESS PO BOX 1222  
CITY-ST-ZIP E PALATKA FL 32131

TITLE VP/D ☐ Delete  
NAME KNOWLES, BOOKER  
STREET ADDRESS 360 PUTMAN CO. BLVD.  
CITY-ST-ZIP E. PALATKA FL 32131

TITLE C/D ☐ Delete  
NAME MORGAN, LARRY  
STREET ADDRESS 308 WAYWICK ST.  
CITY-ST-ZIP E. PALATKA FL 32131

TITLE M/D ☐ Delete  
NAME MINOR, MIKE  
STREET ADDRESS 142 FERN ST.  
CITY-ST-ZIP SAN MATEO FL 32188

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME S/O  
STREET ADDRESS 123 Orange Ave  
CITY-ST-ZIP E. Palatka FL 32131 SAM KOVAC

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Morgan

2-7-04 386-932-2669

94014985



MOORE

CR2E037 (11/03)