

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 703470

1. Entity Name
**MATLACHA-PINE ISLAND VOLUNTEER FIRE
DEPARTMENT, INCORPORATED**



Principal Place of Business

**5700 PINE ISLAND RD.
BOKEELIA, FL 33922**

Mailing Address

**5700 PINE ISLAND RD.
BOKEELIA, FL 33922**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-6516069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRADLEY, DAVID P SR.
5700 PINE ISLAND RD.
BOKEELIA, FL 33922**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRADLEY SR., DAVID P
STREET ADDRESS	5676 BIRDSONG LANE
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	TD
NAME	RICHTER, LINDA
STREET ADDRESS	5392 PHILLIPS
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	VD
NAME	MARZELLA, JOSEPH A
STREET ADDRESS	11554 FLINT LANE
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05 80037-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

David P. Bradley Sr.
David P. Bradley Sr.

4-14-05

Date

239-263-0230

Daytime Phone #