


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

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1. Entity Name
BEULAH VOLUNTEER FIRE DEPARTMENT INC

Principal Place of Business
**6400 WEST 9 MILE RD.
PENSACOLA, FL 32526**

Mailing Address
**6400 WEST 9 MILE RD.
PENSACOLA, FL 32526 US**



07012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1756405

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNAIR, STEPHEN, THOMAS
6230 W NINE MILE RD
PENSACOLA, FL 32526**

**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 renewing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, GAVIN F II 8716 REBEL RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAIR, STEVE 6230 W 9 MILE RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRANT, JIMMY 9640 TOWER RIDGE RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEIN, JOHN H 7919 MOBILE HIGHWAY PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRICE, GAVIN F II 8716 REBEL RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Fritz, F. R. 7910 Thomley Trail Pensacola FL 32526

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

7-31-06

850
944-1954