

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 703482

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

FILED
Jul 10, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

07022007 No Chg-NP

CR2E037 (4/06)

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

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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, applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/07
DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

U00000767792
07/10/07-80019-020 70.00

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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

7/2/07
Date

850 9416010
Daytime Phone #