2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# 704075

Entity Name: CLAY COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 EVERETT AVENUE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 550
MIDDLEBURG, FL 320500550 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEIMBACH, LEON P
3465 SANDY OAK RD.
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

MOORE, JAMES H
1095 CACTUS CUT RD
MIDDLEBURG, FL 32068 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: JAMES H. MOORE 04/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHARTON, LARRY
Address: 4320 CHINCHILLA CT.
City-St-Zip: MIDDLEBURG, FL 32068

Title: V ( ) Delete
Name: HEIMBACH, LEON
Address: P.O. BOX 1376
City-St-Zip: MIDDLEBURG, FL 32050

Title: T ( ) Delete
Name: KNOTT, TRACY
Address: 3218 STELLA HALL RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD ( ) Delete
Name: MOORE, JAMES
Address: 1095 CACTUS CUT RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: COLLOM, RAY
Address: 475 LOS PALMAS DR
City-St-Zip: ORANGE PARK, FL 29023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES H. MOORE SD 04/15/2005
Electronic Signature of Signing Officer or Director Date