


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

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # 706160 1. Entity Name SOUTHPORT VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 2115 HWY 2321 SOUTHPORT, FL 32409	Mailing Address 2115 HWY 2321 SOUTHPORT, FL 32409
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-0043100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ERVIN PAGE
HWY 77 A
SOUTHPORT, FL 32409**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT TAYLOR, MICHAEL L. 8821 SILVERLEAF AVE. PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RONNIE 8825 SILVERLEAF AVE. SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, GÉRALD 2621 HIGHWAY 2321 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, BOBBY 10487 MILLER CIRCLE YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, LESIL 8821 SILVERLEAF AVE. PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000236382
02/21/05-80095-025 70.00

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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: Michael L. Taylor 2-15-05 (850) 265-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #