

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 707371

1. Entity Name
ALVA VOLUNTEER FIRE DEPARTMENT INC



Principal Place of Business 2660 STYLES RD P.O. BOX 847 ALVA, FL 33920 US	Mailing Address 2660 STYLES RD P.O. BOX 847 ALVA, FL 33920 US
--	--

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1705488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELOY, PAUL F.
3101 STYLES ROAD
ALVA, FL 33920

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 _____ (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

000000299099
 04/11/05 80096-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MELOY, PAUL F. 3101 STYLES ROAD ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZENDEL, EDWARD 19691 NORTH AVER ROAD ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPPINCOTT, OWEN 14144 CARIBBEAN BLVD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHELPS, DAVE A. 2901 STYLES ROAD ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINER, ROBERT J 1900 SUNSET TRAIL ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, BRIAN 2660 STYLES ROAD ALVA, FL 33920

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)(f), 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: *Paul F. Meloy*