


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 714721 1. Entity Name MOLINO VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 1459 MOLINO ROAD MOLINO, FL 32577 US	Mailing Address P OBOX 130 MOLINO, FL 32577-0130 US
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2045290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENDIX, CHARLES H. 8766 HWY 95-A NORTH MOLINO, FL 32577

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD GULLEDGE, LARRY P.O. BOX 112 N/A MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOWLIN, HARRY A 5801 FAIRGROUND RD MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, HOLLIS R 9801 NORTH BARTH RD MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRIX, CHARLES H 8766 HWY 95 A N MOLINO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRY, CAROLYN H 855 BARTH RD. MOLINO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000009155
01/20/04-80093-017 61.25

**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)(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: Charles H Hendrix 1-15-04 850-587-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #