

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90031 012 ****70.00

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DOCUMENT # 717748					
1. Entity Name INGLIS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 11231 SE 112 TERR INGLIS, FL 34449 LE			Mailing Address 11231 SE 112 TERR INGLIS, FL 34449 LE		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1722164	
Applied For		Not Applicable			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSSMAN, ROGER L 11231 SE 112 TERR INGLIS, FL 34449			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, MARK		NAME	Roger Tindal	
STREET ADDRESS	4721 RIVERSIDE BOX 9		STREET ADDRESS	19851 SE 116th Street	
CITY-ST-ZIP	YANKEETOWN, FL 34498		CITY-ST-ZIP	Inglis, FL 34449	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, WILLIAM		NAME		
STREET ADDRESS	20297 SW 115 AVE		STREET ADDRESS		
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSMAN, MARY A		NAME		
STREET ADDRESS	11231 SE 112 TR		STREET ADDRESS		
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DEBRA		NAME		
STREET ADDRESS	3033 W. CYPRESS DR.		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, LISA		NAME		
STREET ADDRESS	BOX 978 US. 19 NORTH		STREET ADDRESS		
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, SHARON		NAME		
STREET ADDRESS	31 SOUTH SCHOOL CRAFT RD		STREET ADDRESS		
CITY-ST-ZIP	INGLIS, FL 34449		CITY-ST-ZIP		
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: _____			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

1-29-05 352 447-2039