2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 722757

1. Entity Name
PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

Principal Place of Business	Mailing Address
2499 HENDRY ISLES BLVD. RT. 2, BOX 1290 CLEWISTON, FL 33440 US	2499 HENDRY ISLES BLVD. CLEWISTON, FL 33440

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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2369541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TIMMS, EDITH
2499 HENDRY ISLES BLVD.
RT 2, BOX 1290
CLEWISTON, FL 33440

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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 reinstating)

Filing Fee is $61.25 CK1125
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD00000109410
04/12/04-80040-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIMMS, EDITH
STREET ADDRESS	4550 23RD ST
CITY-ST-ZIP	CLEWISTON, FL
TITLE	SD
NAME	RODRIGUEZ, OLLIE
STREET ADDRESS	4850 PIONEER 16TH ST
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	SEYMOUR, GAIL
STREET ADDRESS	890 ARCADIA AVE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	VD
NAME	TIMMS, RAYMOND
STREET ADDRESS	4550 23RD ST
CITY-ST-ZIP	CLEWISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edith Timms Edith Timms (Chief) 4-7-04 863-983-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #