

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

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 722757

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



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

Mailing Address
**2499 HENDRY ISLES BLVD.
CLEWISTON, FL 33440**



01062005 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

(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**

10. OFFICERS AND DIRECTORS

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

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01/24/05-80101-006 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: *Mar Colth Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05
Date

863-983-9333
Daytime Phone #