


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 003 ****61.25

DOCUMENT # 726297 1. Entity Name WILLOW OAK VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 4210 WILLIS RD MULBERRY FL 33860 US				Mailing Address P O BOX 381 MULBERRY FL 33860 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2364759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARKER, BURT F 4320 BAILEY RD MULBERRY FL 33860				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Burt F. Parker (chairman) Burt F. Parker</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u><i>4/18/2005</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: 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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLLINS, W T		NAME		
STREET ADDRESS	2930 BAILEY RD.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, BURT		NAME		
STREET ADDRESS	3220 BAILEY RD		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALFORD, LEE		NAME		
STREET ADDRESS	3945 DAVID DR.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, JOSEPH W		NAME		
STREET ADDRESS	5600 STARLING DR		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALFORD, LEE		NAME	<i>David F. Rodgers, David F.</i>	
STREET ADDRESS	3945 DAVID DR		STREET ADDRESS	<i>2265 Bailey Rd.</i>	
CITY-ST-ZIP	MULBERRY FL		CITY-ST-ZIP	<i>Mulberry, FL 33860</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Burt F. Parker Burt F. Parker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u><i>4/18/2005</i></u> <i>(863) 425-1512</i> <small>Date Daytime Phone #</small>	