

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 727753

1. Entity Name
BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
4705 E BLOOMING DALE AVE
VALRICO, FL 33594 US

Mailing Address
4705 E BLOOMINGDALE AVE
VALRICO, FL 33594 US



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1699641

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

LANSKY, GLEN R EQUIRE
915 OAKFIELD DRIVE
SUITE F
BRANDON, FL 33511

**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, 2006

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
PDT
FRANCIS, MICHAEL J III
1816 ALCORN ROAD
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILLER, RODNEY
3410 CADE LANE
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARFIELD, JAMES
2203 DURANT ROAD
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAZZARD, JEFFERY
4401 PAWNEE PATH
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEAN, WRIGHT
4406 PAWNEE PATH
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAHN, DALE
2307 TIMBER GROVE DR.
VALRICO, FL 33594

1100100391198
01/24/06-80032-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francis Michael J III President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

813 689 1124

Daytime Phone #