

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90305 014 ****61.25

DOCUMENT # 731079

1. Entity Name

BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

13000 HWY 87 NORTH
JAY FL 32565
US

Mailing Address

13000 HWY 87 NORTH
JAY FL 32565
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2744398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CAGLE, DEBRA
7095 HWY 4
JAY FL 32565

7. Name and Address of New Registered Agent

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

Debra J. Cagle

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

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NELSON, KEVIN ☐ Delete
STREET ADDRESS 6895 LOGAN LANE
CITY-ST-ZIP JAY FL 32565

TITLE T
NAME CAGLE, DEBRA ☐ Delete
STREET ADDRESS 7095 HWY 4
CITY-ST-ZIP JAY FL 32565

TITLE BMT
NAME BUTLER, GALE ☒ Delete
STREET ADDRESS 6045 HWY 4
CITY-ST-ZIP JAY FL 32565

TITLE VP
NAME TRAWICK, WILLIE ☐ Delete
STREET ADDRESS 4376 SUTTON ALLEN RD
CITY-ST-ZIP JAY FL 32565

TITLE BM
NAME ROWELL, JERRY ☒ Delete
STREET ADDRESS SOLLIE BRADLEY RD
CITY-ST-ZIP JAY FL 32565

TITLE VPD
NAME ASHWORTH, RONALD ☒ Delete
STREET ADDRESS WILEY ATES RD
CITY-ST-ZIP MILTON FL 32570

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition
NAME Gene Ellis
STREET ADDRESS 6785 Ellis Rd
CITY-ST-ZIP Jay, FL 32565

TITLE Brd Member ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Brd Member ☐ Change ☐ Addition
NAME Mike Penton
STREET ADDRESS 4624 Jack Floyd Rd.
CITY-ST-ZIP Jay, FL 32565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Debra J. Cagle* (Debra J. Cagle)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

850-675-4628

Daytime Phone #