

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731079

FILED
Apr 17, 2006
Secretary of State

Entity Name: BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

13000 HWY 87 NORTH
JAY, FL 32565 US

New Principal Place of Business:

Current Mailing Address:

13000 HWY 87 NORTH
JAY, FL 32565 US

New Mailing Address:

FEI Number: 59-2744398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGLE, DEBRA
7095 HWY 4
JAY, FL 32565 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, KEVIN
Address: 6895 LOGAN LANE
City-St-Zip: JAY, FL 32565

Title: ST () Delete
Name: CAGLE, DEBRA
Address: 7095 HWY 4
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: ELLIS, GENE
Address: 6785 ELLIS RD.
City-St-Zip: JAY, FL 32565

Title: BM () Delete
Name: NELSON, LESLEY
Address: 6798 ELLIS RD
City-St-Zip: JAY, FL 32565

Title: BM () Delete
Name: PENTON, MIKE
Address: 4624 JACK FLOYD RD.
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA CAGLE

ST

04/17/2006

Electronic Signature of Signing Officer or Director

Date