


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90034 045 \*\*\*\*61.25

<b>DOCUMENT # 731079</b> 1. Entity Name <b>BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>13000 HWY 87 NORTH</b> <b>JAY, FL 32565 US</b>			Mailing Address <b>13000 HWY 87 NORTH</b> <b>JAY, FL 32565 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2744398</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAGLE, DEBRA</b> <b>7095 HWY 4</b> <b>JAY, FL 32565</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, KEVIN 6895 LOGAN LANE JAY, FL 32565 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAGLE, DEBRA 7095 HWY 4 JAY, FL 32565 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIS, GENE 6785 ELLIS RD. JAY, FL 32565 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NELSON, LESLEY 6798 ELLIS RD JAY, FL 32565 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PENTON, MIKE 4624 JACK FLOYD RD. JAY, FL 32565 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Debra Cagle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-7-07 858-675-4628 <small>Date Daytime Phone #</small>		



ATTACHMENT 40111206  
Division of Corporations  
2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	731079
Business Entity Name	BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.
Original File Date	11/08/1974

FEI Number 59-2744398  
Principal Address 13000 HWY 87 NORTH  
JAY, FL 32565 US  
Mailing Address 13000 HWY 87 NORTH  
JAY, FL 32565 US  
Registered Agent DEBRA CAGLE  
7095 HWY 4  
JAY, FL 32565

Officer/Director Name And Address

PD  
KEVIN NELSON  
6895 LOGAN LANE  
JAY, FL 32565

ST  
DEBRA CAGLE  
7095 HWY 4  
JAY, FL 32565

V  
GENE ELLIS  
6785 ELLIS RD.  
JAY, FL 32565

BM  
LESLEY NELSON  
6798 ELLIS RD  
JAY, FL 32565