


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90056 006 ****80.00

DOCUMENT # 731443

1. Entity Name
NASSAUVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**1426 NASSAUVILLE RD.
 FERNANDINA BEACH, FL 32034 US**

Mailing Address
**1426 NASSAUVILLE RD.
 FERNANDINA BEACH, FL 32034 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
Nassauville Vol. Fire Dept
941328 Nassauville Road

City & State
Fernandina Beach, Fl.

City & State
Fernandina Beach, Fl.

Zip
32034

Country
Nassau



07092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3547153

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PICKETT, JOHN T SR. 3214 CREWS ROAD NORTH FERNANDINA BEACH, FL 32034	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, JOHN T SR. 3214 CREWS ROAD NORTH FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKETT, STEVIE 3178 CREWS ROAD NORTH FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, RALPH 1626 GERALD CIRCLE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANSON, BILL 3353 OWENS ROAD FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUGHES, DANNY 1562 RAINBOW ACRES ROAD FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, EDDIE 2456 DUCKLAKE DRIVE WEST FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Riolds, JERRY</i> <i>1729 Crescent Road</i> <i>Fernandina Beach, Fl. 32034</i>	<input checked="" 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.

SIGNATURE: *Ralph J. Watson, Treasurer* *7/10/07* *904-261-5446*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #