



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90078 016 \*\*\*\*61.25

<b>DOCUMENT # 736928</b> 1. Entity Name <b>APALACHEE BAY VOLUNTEER FIRE &amp; RESCUE DEPARTMENT, INC.</b>					
Principal Place of Business <b>1448 SHELL PT RD CRAWFORDVILLE, FL 32327 US</b>			Mailing Address <b>1448 SHELL PT RD CRAWFORDVILLE, FL 32327 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-2503586</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MIDDLETON, ROBERT G JR 109 WALKER CREEK DR CRAWFORDVILLE, FL 32327</b>			7. Name and Address of New Registered Agent Name <b>MIDDLETON, PATRICIA A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1448 SHELL POINT ROAD</b> City <b>CRAWFORDVILLE</b> FL Zip Code <b>32327</b>		
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 <i>Patricia A. Middleton</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1-13-04</b>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JODY 1448 SHELL PT. RD. CRAWFORDVILLE, FL 32327	<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	S MCIPHERSON, JAENT 1448 SHELL PT RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARYANNE TILLMAN 1448 SHELL POINT ROAD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, ED 1448 SHELL PT RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PATRICIA A. MIDDLETON 1448 SHELL POINT RD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCIPHERSON, TOM 1448 SHELL PT RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELL SCHULZ 1448 SHELL POINT ROAD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATERS, MAY 1448 SHELL POINT RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MAE WATERS 1448 SHELL POINT ROAD CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLETON, ROBERT G JR 1448 SHELL POINT RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ROBERT G. MIDDLETON JR 1448 SHELL POINT RD CRAWFORDVILLE FL 32327 <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 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 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: <i>Patricia A. Middleton, Treasurer</i> 1/15/04 850-926-3907 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					