


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 736928 1. Entity Name APALACHEE BAY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.	
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Principal Place of Business 1448 SHELL PT RD CRAWFORDVILLE, FL 32327 US	Mailing Address 1448 SHELL PT RD CRAWFORDVILLE, FL 32327 US
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2503586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIDDLETON, PATRICIA A
1448 SHELL POINT ROAD
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JODY 1448 SHELL PT. RD. CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TILLMAN, MARYANNE 1448 SHELL POINT ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIDDLETON, PATRICIA A 1448 SHELL PT RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULZ, NELL 1448 SHELL PT RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, MAE 1448 SHELL POINT RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIDDLETON, ROBERT G JR 1448 SHELL POINT RD CRAWFORDVILLE, FL 32327

U00000224286
02/10/05-80081-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia A Middleton 2-8-05 8509263907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICIA A MIDDLETON