

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737079

FILED
Jul 30, 2005
Secretary of State

Entity Name: MOSSY HEAD/OAKWOOD HILLS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1235 HWY 1087
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 1257
MOSSY HEAD, FL 32434

New Mailing Address:

FEI Number: 59-0188470 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, GEORGE RALPH
105 E NELSON AVE
DEFUNIAK SPRINGS, FL 32433 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: S/TD () Delete
Name: COSARO, LEAH
Address: 45 POND RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P/D () Delete
Name: JONES, DAVID L JR
Address: 5756 HWY 1087
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP/D () Delete
Name: FORBERG, STEVEN S
Address: 5756 CO HWY 1087
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: FORBERG, MELISSA
Address: 5756 CO HWY 1087
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID JONES

P/D

07/30/2005

Electronic Signature of Signing Officer or Director

Date