


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 016 ****61.25

DOCUMENT # 738191 1. Entity Name GLENDAL VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 148 RAILROAD AVE. DEFUNIAK SPRINGS, FL 32433 US			Mailing Address 148 RAILROAD AVE. DEFUNIAK SPRINGS, FL 32433 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINKEY, ARTHUR 10079 STATE HWY 83 NORTH DEFUNIAK SPRINGS, FL 32433				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.				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 8, 2004.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKERSON, JOHN		NAME		
STREET ADDRESS	297 RAILROAD AVE.		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINKEY, ARTHUR		NAME		
STREET ADDRESS	10079 STATE RD 83		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALL, BEN		NAME	JOHN LAWSON H	
STREET ADDRESS	629 NELSON RD		STREET ADDRESS	218 BEAUFORT PL	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	PONCE DE LEON 32455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, GARRETT		NAME		
STREET ADDRESS	5065 STATE HWY 83		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELL, KEVIN M		NAME		
STREET ADDRESS	230 BLUEBIRD LANE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSH, ERVIN		NAME		
STREET ADDRESS	5213 STATE 83		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
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 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: <i>[Signature]</i>			7-2-2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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