


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # 738509 1. Entity Name JACKSONVILLE VOLUNTEER FIREMENS ASSOCIATION, INC	
---	---

Principal Place of Business 107 MARKET ST. JACKSONVILLE, FL 32202	Mailing Address 2219 BURPEE DR JACKSONVILLE, FL 32210 US
---	--



03022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1726116	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KNOLL, JOHN 2219 BURPEE DR JACKSONVILLE, FL 32210

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	T BAKER, ALICE C 3519 COLLEGE PL JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIBAUT, LANCE 8511 OCALA AVE. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, CARL 10272 MONACO DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEN, GINGERY J 14360 HOLLINGS ST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOLL, JOHN 2219 BURPEE DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000262070
03/14/05-80038-018 70.00

**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)(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: *John Knoll* **John Knoll 'P'** 9 Mar 05 904-781-3891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #