

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741660**

1. Entity Name  
**MEDART VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**48 MEDART VFD LANE  
CRAWFORDVILLE, FL 32327 US**

Mailing Address  
**48 MEDART VFD LANE  
CRAWFORDVILLE, FL 32327 US**



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2956392**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PIGOTT, STEPHEN E.  
2800 COASTAL HWY  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**PD  
PIGOTT, STEPHEN E  
2800 COASTAL HWY.  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
MORGAN, MIKE  
3140 COASTAL HWY.  
CRAWFORDVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CARTER, JESSE  
80 CARTER RD.  
CRAWFORDVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
JONES, STEVE  
31 LAKE ELLEN SHORES  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
HAND, WANDA  
654 SAN ST.  
CRAWFORDVILLE, FL 32327**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000378413  
01/09/06-80004-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Steve Jones* 1/4/06 850-488-9820