


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State


03-09-2004 90040 005 ****70.00

DOCUMENT # 741844	
1. Entity Name GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 2909 LEM TURNER RD PO BOX 831 CALLAHAN FL 32011	Mailing Address PO BOX 1038 CALLAHAN FL 32011 US
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2. Principal Place of Business 540507 Lem Turner Rd.	3. Mailing Address P.O. Box 1038
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Callahan, FL	City & State Callahan, FL
Zip 32011	Zip 32011
Country U.S.A.	Country U.S.A.


MOORE CR2E037 (11/03)
4. FEI Number 59-2060054
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, ROBERT W. JR. COUNTRY CLUB RD., LOT #9 NASSAU VILLAGE CALLAHAN FL 32011

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JEFF 3271 SUNSHINE RD CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLTRANE, CATHY 3958 JAMIE DRIVE CALLAHAN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDS, CHRISTI 3278 SUNSHINE RD CALLAHAN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMICK, RICHARD 4455 CHURCH RD CALLAHAN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, GEORGE 3842 CHURCH RD CALLAHAN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARKER, WARREN 3309 SUNSHINE RD CALLAHAN FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Thomas, Jeffrey P. 54169 Sunshine Dr. Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Burnsed Chad 54455 Point South Dr. Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Warren E. Barker 54091 Sunshine Dr Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marcia Nail 54033 Vikki Rd. Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George W. James 54870 Church Rd Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Blalock 54313 Marlee Rd Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jeffrey P. Thomas / Jeffrey P. Thomas **2/18/04 (904) 759-3882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #