

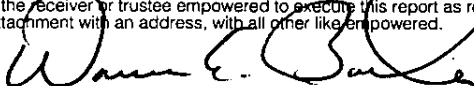


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90054 046 ****70.00

DOCUMENT # 741844 1. Entity Name GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 540507 LEM TURNER RD CALLAHAN, FL 32011			Mailing Address PO BOX 1038 CALLAHAN, FL 32011 US		
2. Principal Place of Business Vol. Fire Station Suite, Apt. #, etc.		3. Mailing Address Po Box 1038 Suite, Apt. #, etc.			
City & State Callahan FL.		City & State Callahan, FL.		4. FEI Number 59-2060054	
Zip 32011		Country Nassau		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JEFFREY P 54169 SUNSHINE DR CALLAHAN, FL 32011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNSED, CHAD 5445 POINT SOUTH DR CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMICK, RICHARD 54175 CHURCH RD. Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAIL, MARCIA 54033 VIKKI RD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nail Marcia 54033 Vikki Rd Callahan FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, WAYNE 54313 MARLEE RD CALLAHAN, FL 32011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, GEORGE W 54870 CHURCH RD CALLAHAN, FL 32011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKER, WARREN E 54091 SUNSHINE DR CALLAHAN, FL 32011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 			Warren Barker		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-9-05 Daytime Phone # 904 626-2716		