

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001726

DOCUMENT # **744285**

Association



1. Entity Name

**PONCE INLET VOLUNTEER FIRE AND RESCUE DEPARTMENT, INC.**

Principal Place of Business

**4680 S PENINSULA DR  
PONCE INLET FL 32127**

Mailing Address

**4680 S PENINSULA DR  
PONCE INLET FL 32127**

FILED

03 JUL 17 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1867567**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAIA, ANTHONY J  
4680 S. PENINSULA DRIVE  
PONCE INLET FL 32019**

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

*Anthony Raia*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/14/03*  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing:  
Trust Fund Contribution. ☐

**\$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 **VP** ☐ Delete  
NAME **NUNNELLEY, KEN**  
STREET ADDRESS **88 JENNIFER CIR**  
CITY-ST-ZIP **PONCE INLET FL 32127**

☒ Change ☐ Addition  
**100017842391**  
**05/01/03--01073--016 \*\*61.25**

TITLE **DV** ☒ Delete  
NAME **MCDONALD, GEORGE**  
STREET ADDRESS **115 ANCHOR DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

☐ Change ☒ Addition  
**D.P. STEVE WILLIAMS**  
**33 BEACH ST**  
**PONCE INLET FL 32127**

TITLE **DT** ☐ Delete  
NAME **RAIA, ANTHONY**  
STREET ADDRESS **4716 MONTROSE AVE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

☐ Change ☐ Addition

TITLE **DS** ☐ Delete  
NAME **NANCY, EPPS**  
STREET ADDRESS **129 OLD CARRIAGE RD**  
CITY-ST-ZIP **PONCE INLET FL 32127**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 of this report. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anthony Raia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/03* *386-761-2817*

CR2E037 (10/02)