2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 749971

1. Entity Name
PACE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
4541 MAJORS STREET PACE, FL 32571 US	P.O. BOX 1082 PACE, FL 32571

03022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARLOW, JOHN
4541 MAJORS ST.
PACE, FL 32571

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000034160
03/22/04-80047-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARLOW, JOHN
STREET ADDRESS	WOODBINE ROAD
CITY-ST-ZIP	PACE, FL
TITLE	S
NAME	WADKINS, PAT
STREET ADDRESS	4160 STEPHENS RD.
CITY-ST-ZIP	PACE, FL
TITLE	T
NAME	TONY GENE BROXTON
STREET ADDRESS	4112 COOLEY DR.
CITY-ST-ZIP	PACE, FL
TITLE	TR
NAME	WADKINS, CONNIE
STREET ADDRESS	3965 E DIAMOND
CITY-ST-ZIP	PACE, FL
TITLE	TR
NAME	NELL CRISCO
STREET ADDRESS	4108 RIDDLE ST
CITY-ST-ZIP	PACE, FL 32571
TITLE	V
NAME	KELLY, MAC
STREET ADDRESS	DORIS DRIVE
CITY-ST-ZIP	PACE, FL

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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: _____ SECRETARY 03-17-04 850-994-8536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #