

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2005 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	



02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARLOW, JOHN 4541 MAJORS ST. PACE, FL 32571

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

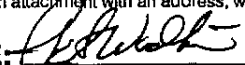
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

02/17/05-80061-021 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PAT WADKINS, SECRETARY, 02-11-05, 850-994-8536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #