


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90009 032 \*\*\*\*61.25

<b>DOCUMENT # 757570</b> 1. Entity Name <b>BARDIN VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>107 JOHNS ROAD PALATKA, FL 32177 US</b>			Mailing Address <b>101 RANCHETTE TRAIL PALATKA, FL 32177 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>107 Saddleback Trail</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>N/A</b>			
City & State		City & State <b>Palatka, Florida</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-2084061</b>	
<b>32177</b>		<b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIELDS, ALAN B 413 ST JOHNS AVENUE PALATKA, FL</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEE, DENNIS</b> <b>107 SADDLEBACK TRAIL</b> <b>PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>Glenda Lee</b> <b>107 Saddleback Trail</b> <b>Palatka, Florida 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MORGANTO, GENE</b> <b>108 WARD LANE</b> <b>PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEAD, DWAYNE</b> <b>242 JOHNS ROAD</b> <b>PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PM</b> <b>JOHNS, JERRY C</b> <b>154 BARDIN ESTATES CIRCLE</b> <b>PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REGISTER, MELVIN L</b> <b>131 KEYSTONE RD</b> <b>PALATKA, FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GLENN, MICHELLE</b> <b>101 RANCHETTE TRAIL</b> <b>PALATKA, FL 32177</b>		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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Glenda E. Lee</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/25/08 386388-5426</b> <small>Date Daytime Phone #</small>		