

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757748

FILED
Aug 16, 2005
Secretary of State

Entity Name: BALDWIN VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

610 OLIVER ST.
BALDWIN, FL 32234

New Principal Place of Business:

Current Mailing Address:

610 OLIVER ST.
BALDWIN, FL 32234

New Mailing Address:

FEI Number: 59-2167106 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FULLER DAVID W.
1250 HAP RD
BALDWIN, FL 32234 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLER DAVID W.,
Address: 1250 HAP RD
City-St-Zip: BALDWIN, FL 32234

Title: VD () Delete
Name: NOBLES, TIMOTHY M
Address: 249 ORANGE AVE
City-St-Zip: BALDWIN, FL

Title: TD () Delete
Name: TOLLOCK, VINCENT A
Address: 5110 YELLOW WATER RD
City-St-Zip: BALDWIN, FL

Title: SD () Delete
Name: TOLLOCK, SHANNON D
Address: 5110 YELLOW WATER RD
City-St-Zip: BALDWIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W.FULLER

PD

08/16/2005

Electronic Signature of Signing Officer or Director

Date