


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 010 ****61.25

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|---|---|---|--|--|--|
| DOCUMENT # 758996 1. Entity Name THE MADISON COUNTY VOLUNTEER FIREMAN, INC. | | | |  | |
| Principal Place of Business 116 SW DADE ST C/O RAYMOND PINKARD MADISON, FL 32340 US | | | Mailing Address 116 SW DADE ST C/O RAYMOND PINKARD MADISON, FL 32340 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2916292 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BUNTING, WILLIAM 116 SW DADE ST MADISON, FL 32340 | | | | 7. Name and Address of New Registered Agent Name <u>Brett Frakes</u> Street Address (P.O. Box Number is Not Acceptable) <u>116 SW Dade st</u> City <u>Madison</u> FL Zip Code <u>32340</u> | |
| 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 <u>Brett Frakes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>4-15-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D BALLENGER, DAVID RT. 4 BOX 1928 MADISON, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Brett Frakes 307 Rutledge Madison, FL 32340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BLANTON, ALLEN 1002 SE BUNKER ST MADISON, FL 32340 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Eric Powell 135 NE Meadow Run Dr. Madison FL 32340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, RICHARD US 90 EAST MADISON, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lucas Williams Lucas Williams 216 NE Biltmore Rd. Madison FL 32340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS, HOWELL 901 SE BUNKER STREET MADISON, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jeremy Willoughby Rt 4 Box 235 Madison FL 32340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUNTING, WILLIAM 103 2ND PLACE MADISON, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Alan Whigham 105 Hamilton Dr. Madison, FL 32340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WYNO, FRANK 116 SW DADE ST MADISON, FL | <input checked="" type="checkbox"/> Delete | 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 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 my address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Brett Frakes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>4-15-05</u> Daytime Phone # <u>850-973-3212</u> | |