


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 759050	
1. Entity Name ICHETUCKNEE/SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 495 SW DORCH STREET FORT WHITE, FL 32038 US	Mailing Address 495 SW DORCH STREET FORT WHITE, FL 32038 US
---	---

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2918788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUDSON, Z E 386 SW BRYANT AVE FORT WHITE, FL 32038	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000209147 02/02/05-80027-004 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITRELL, WALTER JR 635 MURDOCK COURT FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'STEEN L. C-138 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, Z E S BRYANT ST, PO 12 FT WHITE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCE, JIM P O BOX 152 SR 47 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, JOHN L P.O. BOX 113, 9563 SW US 27 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, WILLIAM E. RT 2 BOX 945 N/A HIGH SPRINGS, FL

**DO NOT WRITE
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)(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: <u>E. Edmund Hudson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>23 JAN 05</u> <small>Date</small>	<u>386-497-3333</u> <small>Daytime Phone #</small>
--	---	---