

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90004 047 \*\*\*\*70.00

**DOCUMENT # 760067**

1. Entity Name

ARLINGTON VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

6241 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277  
US

Mailing Address

6241 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2143964

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOOLITTLE, WAYNE L  
13941 HUNTERWOOD RD  
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME DOOLITTLE, WAYNE  
STREET ADDRESS 13941 HUNTERWOOD ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE  
NAME HOSKING, DAVID  
STREET ADDRESS 3500 UNIVERSITY BLVD., #2638  
CITY-ST-ZIP JACKSONVILLE FL 32227 ☒ Delete

TITLE  
NAME LABELLE, DAVID  
STREET ADDRESS 2511 CALADIUM RD  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D RUTER, JAYMS  
STREET ADDRESS 523 BURNING EMBERS LN.  
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE  
NAME D MOSLEY, TOM  
STREET ADDRESS 3332 LINE JUDGE CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

*Wayne L. Doolittle*

WAYNE L. DOOLITTLE

2-9-2004

(904) 221-9221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #