

ANNUAL REPORT (AR)

DOCUMENT # 760067

1. Entity Name

ARLINGTON VOLUNTEER FIRE DEPARTMENT, INC.



FILED

Jan 26, 2007 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
6241 FT. CAROLINE ROAD 6241 FT. CAROLINE ROAD
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277
US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/06)

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 DOOLITTLE, WAYNE L
13941 HUNTERWOOD RD
JACKSONVILLE FL 32225
7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOOLITTLE, WAYNE			NAME			
STREET ADDRESS	13941 HUNTERWOOD ROAD			STREET ADDRESS			
CITY-STATE-ZIP	JACKSONVILLE FL 32225			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMS, GRADY			NAME			
STREET ADDRESS	7420 SECRET BLOODS DR			STREET ADDRESS			
CITY-STATE-ZIP	JACKSONVILLE FL 32216			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSLEY, TOM			NAME			
STREET ADDRESS	3332 LINE JUDGE CT			STREET ADDRESS			
CITY-STATE-ZIP	JACKSONVILLE FL 32277			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Wayne Doolittle WAYNE DOOLITTLE 1-23-2007 (904) 221-9221