

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761593

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** PITTMAN VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

2362 HIGHWAY 2  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

2362 HIGHWAY 2  
BONIFAY, FL 32425 US

**New Mailing Address:**

1553 HWY 179  
BONIFAY, FL 32425 US

**FEI Number:** 35-2170575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, MALCOLM  
2365 HWY 2  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

CRUTCHFIELD, DEWEY  
1553.HWY 179  
BONIFAY, FL 32425 US

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: DEWEY CRUTCHFIELD

04/25/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: OWENS, MALCOLM  
Address: 2365 HWY 2  
City-St-Zip: BONIFAY, FL 32425

Title: PD ( ) Delete  
Name: ADAMS, JAMES E.,  
Address: 1226 HWY 179  
City-St-Zip: BONIFAY, FL 32425

Title: TD ( ) Delete  
Name: LEWIS, RAY,  
Address: 2423 SW MILLER RD  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: CRUTCHFIELD, DENEY  
Address: 1553 HWY 179  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SELLERS, ALFERD  
Address: 1612 HOLLIDAY RD  
City-St-Zip: BONIFAY, FL 32425

Title: VD (X) Change ( ) Addition  
Name: BELYEY, KENNETH B  
Address: 2389 JW MILLER RD  
City-St-Zip: BONIFAY, FL 32425

Title: TD (X) Change ( ) Addition  
Name: LEWIS, RAY  
Address: 2423 JW MILLER RD  
City-St-Zip: BONIFAY, FL 32425

Title: PD (X) Change ( ) Addition  
Name: CRUTCHFIELD, DEWEY  
Address: 1553 HWY 179  
City-St-Zip: BONIFAY, FL 32425

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: DEWEY CRUTCHFIELD

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date