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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764719** **(1)**

1. Corporation Name

JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
12781 HWY. 89 PO BOX 512 JAY FL 32565	12781 HWY. 89 PO BOX 512 JAY FL 32565

3. Date Incorporated or Qualified: 08/26/1982

4. FEI Number: 59-6014155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
800 CAROLINE ST
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change	☑ Addition
NAME	EDWARDS, ALAN		1.2 NAME	Jenkins, Ryan		
STREET ADDRESS	RT 2 N/A		1.3 STREET ADDRESS	Rt. 2		
CITY-ST-ZIP	JAY FL		1.4 CITY-ST-ZIP	Jay, FL 32565		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change	☐ Addition
NAME	WATSON, DENNIS		2.2 NAME	Cozart, Tony		
STREET ADDRESS	13743 HWY 89		2.3 STREET ADDRESS	3775 Greenwood Rd.		
CITY-ST-ZIP	JAY FL		2.4 CITY-ST-ZIP	Jay, FL 32565		
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change	☐ Addition
NAME	PHILLIPS, HARVEY		3.2 NAME	Edwards, Alan		
STREET ADDRESS	3450 FARRISH ROAD		3.3 STREET ADDRESS	2800 Nelsontown Rd.		
CITY-ST-ZIP	JAY FL		3.4 CITY-ST-ZIP	Jay, FL 32565		
TITLE	D	☑ DELETE	4.1 TITLE	T/S/D Secretary/Treasurer/D	☐ Change	☑ Addition
NAME	BURGESS, JIMMY		4.2 NAME	Edwards, Michele		
STREET ADDRESS	ROUTE 3		4.3 STREET ADDRESS	2800 Nelsontown Rd.		
CITY-ST-ZIP	JAY FL		4.4 CITY-ST-ZIP	Jay, FL 32565		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change	☐ Addition
NAME	BOUTWELL, BILLY		5.2 NAME	Boutwell, Billy		
STREET ADDRESS	3600 GREEBWOO RD		5.3 STREET ADDRESS	3600 Greenwood Rd.		
CITY-ST-ZIP	JAY FL		5.4 CITY-ST-ZIP	Jay, FL 32565		
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change	☑ Addition
NAME	COZART, TONY		6.2 NAME	Simmons, Tony		
STREET ADDRESS	3775 GREENWOOD RD		6.3 STREET ADDRESS	2918 Lakefield Lane		
CITY-ST-ZIP	JAY FL		6.4 CITY-ST-ZIP	Jay, FL 32565		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele Edwards/Michele Edwards T/S/D 1/21/98 625-4904