

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

|                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 764719</b><br>1. Entity Name<br>JAY VOLUNTEER FIRE DEPARTMENT, INC. |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>12781 HWY. 89<br>PO BOX 512<br>JAY, FL 32565 | Mailing Address<br>12781 HWY. 89<br>PO BOX 512<br>JAY, FL 32565 |
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01152004 No Chg-NP CR2E037 (10/03)

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|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-6014155                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
WESTMORELAND, J. LOFTON  
800 CAROLINE ST  
MILTON, FL 32570

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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

|                                                     |                                                                                                                        |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

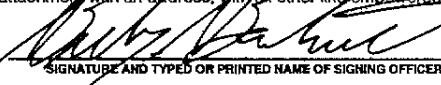
10. OFFICERS AND DIRECTORS

|                                                |                                                             |
|------------------------------------------------|-------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EDAWARDS, ALON<br>2800 NELSONTOWN RD<br>JAY, FL 32565 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LEFORE, MARK<br>3874 EBENEZER RD<br>JAY, FL 32565     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COZART, TONY<br>3775 GREENWOOD RD<br>JAY, FL 32565     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ODOM, GREGG<br>5225 PITNIC RD<br>JAY, FL 32565         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOUTWELL, BILLY<br>3600 GREENWOOD RD<br>JAY, FL 32565  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHAWN, JARRELL<br>HWY 89<br>JAY, FL 32565              |

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02/10/04-80050-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **1-28-04 850-675-6218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #