2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 764719

1. Entity 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

01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDAWARDS, ALON
STREET ADDRESS	2800 NELSONTOWN RD
CITY-ST-ZIP	JAY, FL 32565
TITLE	VD
NAME	LEFORE, MARK
STREET ADDRESS	3874 EBENEZER RD
CITY-ST-ZIP	JAY, FL 32565
TITLE	D
NAME	COZART, TONY
STREET ADDRESS	3775 GREENWOOD RD
CITY-ST-ZIP	JAY, FL 32565
TITLE	S
NAME	ODOM, GREGG
STREET ADDRESS	5225 PITNIC RD
CITY-ST-ZIP	JAY, FL 32565
TITLE	D
NAME	BOUTWELL, BILLY
STREET ADDRESS	3600 GREENWOOD RD
CITY-ST-ZIP	JAY, FL 32565
TITLE	D
NAME	SHAWN, JARRELL
STREET ADDRESS	HWY 89
CITY-ST-ZIP	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)(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: _____ 1-28-04 850-875-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #