2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90183 022 ****61.25

DOCUMENT # 764719

1. Entity Name
JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
1344 4 HWY 89 PO BOX 512 JAY, FL 32565	1344 4 HWY 89 PO BOX 512 JAY, FL 32565

02202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2897821 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COZART, STEPHEN M
125 W ROMANA ST
SUITE 0150
PENSACOLA, FL 32502

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 _____ Stephen M. Cozart 3/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARDS, ALAN 2108 MINERAL SPRINGS RD JAY, FL 32565	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Leflore, Mark 3874 Ebenezer Church Rd Jay, FL 32565	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEFORE, MARK 3874 EBENEZER CHURCH RD JAY, FL 32565	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD McCurdy, Joe 15303 Hwy 89 Jay, FL 32565	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COZART, TONY 3775 GREENWOOD RD JAY, FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ODOM, GREGG 5223 PITNIC RD JAY, FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCURDY, JOE 15303 HWY 89 JAY, FL 32565	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edwards, Alan 2108 Mineral Springs Rd Jay, FL 32565	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAWN, JARRELL HWY 89 JAY, FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mark LeFlore Mark LeFlore 2-28-06 850 675-4904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #