

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 764719	
1. Entity Name JAY VOLUNTEER FIRE DEPARTMENT, INC.	
Principal Place of Business 1344 4 HWY 89 PO BOX 512 JAY, FL 32565	Mailing Address 1344 4 HWY 89 PO BOX 512 JAY, FL 32565



03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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IN THIS SPACE**

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 3-24-2007
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFLORE, MARK 3874 EBONEZER CHURCH ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCURDY, JOE 15303 HWY 89 JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COZART, TONY 3775 GREENWOOD RD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOM, GREGG 5223 PITNIC RD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, ALAN 2108 MINERAL SPRINGS ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAWN, JARRELL HWY 89 JAY, FL 32565

U00000687107
04/10/07-80027-015 61.25

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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:	DATE: 3-14-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	