


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 023 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2897821	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD LEFLORE, MARK STREET ADDRESS 3874 EBONEZER CHURCH ROAD CITY-ST-ZIP JAY, FL 32565	<input type="checkbox"/> Delete	TITLE	50 3850 Ebenezer Church Rd Jay, FL 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		NAME	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	VD MCCURDY, JOE STREET ADDRESS 15303 HWY 89 CITY-ST-ZIP JAY, FL 32565	<input type="checkbox"/> Delete	TITLE	PD McCurdy, Joe 15303 Hwy 89 Jay, FL 32565	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		NAME	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	D COZART, TONY STREET ADDRESS 3775 GREENWOOD RD CITY-ST-ZIP JAY, FL 32565	<input type="checkbox"/> Delete	TITLE	D Odum, Greg 5223 Pitnic Rd Jay, FL 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		NAME	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	D EDWARDS, ALAN STREET ADDRESS 2108 MINERAL SPRINGS ROAD CITY-ST-ZIP JAY, FL 32565	<input checked="" type="checkbox"/> Delete	TITLE	VD Brown, Tyler 4625 Spring St. Jay, FL 32565	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		NAME	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	D SHAWN, JARRELL STREET ADDRESS HWY 89 CITY-ST-ZIP JAY, FL 32565	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		NAME		
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
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: <u>Tyler Brown</u> (Tyler Brown) 2-28-08 850-607-5285					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					