

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764719

FILED
Jan 19, 2009
Secretary of State

Entity Name: JAY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1344 4 HWY 89
PO BOX 512
JAY, FL 32565

New Principal Place of Business:

1344 4 HWY 89
JAY, FL 32565

Current Mailing Address:

1344 4 HWY 89
PO BOX 512
JAY, FL 32565

New Mailing Address:

1344 4 HWY 89
JAY, FL 32565

FEI Number: 59-2897821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COZART, STEPHEN M
201 E. GOVERNMENT ST.
PENSACOLA, FL 32502 US

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.

SIGNATURE:

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LEFLORE, MARK
Address: 3850 EBENEZER CHURCH RD
City-St-Zip: JAY, FL 32565

Title: PD () Delete
Name: MCCURDY, JOE
Address: 15303 HWY 89
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: COZART, TONY
Address: 3775 GREENWOOD RD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: ODOM, GREGG
Address: 5223 PITNIC RD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: SHAWN, JARRELL
Address: HWY 89
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LEFLORE

SD

01/19/2009

Electronic Signature of Signing Officer or Director

Date