

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001527

FILED
Jan 06, 2004
Secretary of State**Entity Name:** THE DOG ISLAND VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**HC 63 BOX 5020, DOG ISLAND
CARRABELLE, FL 32322**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5000
DOG ISLAND, FL 32322**New Mailing Address:**P.O. BOX 5020
DOG ISLAND, FL 32322**FEI Number:** 59-3635408**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VOSE, RICHARD
914 GULF SHORE DRIVE
DOG ISLAND, FL 32322 US**Name and Address of New Registered Agent:**VOSE, RICHARD L VTD
914 GULF SHORE DRIVE
DOG ISLAND, FL 32322 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: RICHARD L. VOSE

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANNON, MIKE
Address: 147 OLD MAGNOLIA
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: ROBINSON, E. E DR.
Address: 10 CANNONBALL ACRES, HC 63, BOX 5047
City-St-Zip: DOG ISLAND, FL 32322

Title: PD (X) Delete
Name: BOATENREITER, BECKER
Address: 694 GULFSHORE BLVD.
City-St-Zip: DOG ISLAND, FL 32322

Title: VTD () Delete
Name: VOSE DAK, RICHARD L
Address: 914 GULF SHORE DRIVE
City-St-Zip: DOG ISLAND, FL 32322

Title: D () Delete
Name: MADDOX, DOUG
Address: 3087 WATERFORD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: BACKERMAN, SUSIE
Address: 100 GULFSTREAM DR., HC 63, BOX 5006
City-St-Zip: DOG ISLAND, FL 32322

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: VTD (X) Change () Addition
Name: VOSE, RICHARD L
Address: 914 GULF SHORE DRIVE
City-St-Zip: DOG ISLAND, FL 32322

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 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 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: RICHARD L. VOSE

VTD

01/06/2004

Electronic Signature of Signing Officer or Director

Date