2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005783

1. Entity Name
THE MEXICO BEACH DEPARTMENT OF PUBLIC SAFETY-MEXICO BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
118 N 14TH ST MEXICO BEACH, FL 32410	P.O. BOX 13425 MEXICO BEACH, FL 32410

04132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3646166
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, GUY B
118 N 14TH ST
MEXICO BEACH, FL 32410

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000116642
04/16/04-80073-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALL, GUY B
STREET ADDRESS	P.O. BOX 13425
CITY-ST-ZIP	MEXICO BEACH, FL 32410
TITLE	VD
NAME	JOHNSON, KEVIN R
STREET ADDRESS	P.O. BOX 13425
CITY-ST-ZIP	MEXICO BEACH, FL 32410
TITLE	TD
NAME	METCALF, LAURA LI R
STREET ADDRESS	P.O. BOX 13425
CITY-ST-ZIP	MEXICO BEACH, FL 32410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4/13/04 850-648-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #