

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 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  
**118 N 14TH ST  
MEXICO BEACH, FL 32410**

Mailing Address  
**P.O. BOX 13425  
MEXICO BEACH, FL 32410**



04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3646166</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, GUY B P.O. BOX 13425 MEXICO BEACH, FL 32410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, KEVIN R P.O. BOX 13425 MEXICO BEACH, FL 32410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD METCALF, LAURA L R P.O. BOX 13425 MEXICO BEACH, FL 32410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**U00000356529  
05/04/05-80037-020 70.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/05**

Date

**850-648-4790**

Daytime Phone #