

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

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-13-2005 90001 007 ****61.25

DOCUMENT # N00048

1. Entity Name
**SUWANNEE VALLEY/MINFIELD VOLUNTEER FIRE
DEPARTMENT, INC.**



Principal Place of Business

N. 41
P.O. DRAWER 1118
LAKE CITY, FL 32056

Mailing Address

N. 41
P.O. DRAWER 1118
LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6000564

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAIL, W.E.
N 41
P.O. DRAWER 1118
LAKE CITY, FL 32056

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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

**Filing Fee is \$61.25
Due by May 1, 2008**

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
VD
GREENE, JAMES F.
RT. 1, BOX 62A1
WHITE SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DTS
KILLEBREEN, DENNIS
HIGHWAY 248
LAKE CITY, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
NAIL, W.E.
NORTH 41
LAKE CITY, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-05 396 752-2404