



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90544 021 ****70.00

DOCUMENT # N02000000434 1. Entity Name SUWANNEE COUNTY FIRE DISTRICTS, INC.					
Principal Place of Business 19359 76TH ST LIVE OAK, FL 32060			Mailing Address 15583 60TH TERRACE LIVE OAK, FL 32060		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19359 76TH ST			
City & State		City & State LIVE OAK, FL			
Zip 32060		Country USA			
4. FEI Number 32-0014837				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERRO, PAIGE J 15583 60TH TERRACE LIVE OAK, FL 32060			7. Name and Address of New Registered Agent Name RENA M. O'NEILL Street Address (P.O. Box Number is Not Acceptable) 19359 76TH ST City LIVE OAK FL Zip Code 32060		
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 <i>Rena M O'Neill</i> RENA M. O'NEILL Apr 23, 2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSHEL, JOSEPH D 7212 175TH DRIVE LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEILL, JAMES I JR 19359 76TH ST LIVE OAK, FL 32060
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEILL, JAMES I JR. 19359 76TH STREET LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEANORD, CHARLES 12068 225TH ST DOWLING PARK, FL 32060
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VERRO, PAIGE J 15583 60TH TERRACE LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'NEILL, RENNA M. 19359 76TH ST LIVE OAK, FL 32060
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHEL JOSEPH D 7212 175TH DR LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Joseph D. Bushel</i> JOSEPH D. BUSHEL Apr 23 2004 386-330-2583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					