

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 001 ****61.25

DOCUMENT # N03708

1. Entity Name

MADEIRA BEACH VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

300 MUNICIPAL DRIVE
MADEIRA BEACH, FL 33708 US

Mailing Address

300 MUNICIPAL DRIVE
MADEIRA BEACH, FL 33708 US

54067350



07092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1838823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NILSEN, MARC J
7010 12 ST NORTH
SAINT PETERSBURG, FL 33702

**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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURRY, JAMES F
STREET ADDRESS	637 NORMANDY RD
CITY-ST-ZIP	MADEIRA BEACH, FL
TITLE	P
NAME	NILSEN, MARC
STREET ADDRESS	7010 12 ST NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	TD
NAME	TWEED, BRUCE
STREET ADDRESS	14085 W PARSLEY DR
CITY-ST-ZIP	MADEIRA BEACH, FL
TITLE	VPSD
NAME	LAW, SCOTT
STREET ADDRESS	3517 8 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
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:

Bruce Tweed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-4-04