# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03708

1. Entity Name
MADEIRA BEACH VOLUNTEER FIRE DEPARTMENT, INC.

FILED
05 SEP 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 300 MUNICIPAL DRIVE<br>MADEIRA BEACH, FL 33708 US | 300 MINICIPAL DRIVE<br>MADEIRA BEACH, FL 33708 US |

09142005 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 _____ 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 October 1, 2005**

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 | |

200059765902
09/20/05--01006--019 **61.25

**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:** _____ MARC Nilsen 9/14/05 727 391 3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #