

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Sep 07, 2006 08:00 AM
Secretary of State



08292006 No Chg-NP CR2E037 (4/06)

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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

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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 September 6, 2006

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	

U00000576436
09/07/06-80006-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #