

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08974

FILED
Jul 20, 2004
Secretary of State**Entity Name:** SMITH CREEK VOLUNTEER FIRE DEPARTMENT INCORPORATED**Current Principal Place of Business:**2984 SMITH CREEK RD
SOPCHOPPY, FL 32358 US**New Principal Place of Business:****Current Mailing Address:**1691 SMITH CREEK ROAD
SOPCHOPPY, FL 32358 US**New Mailing Address:****FEI Number:** 59-1836560**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANGSTON, PAMELA
1691 SMITH CREEK ROAD
SOPCHOPPY, FL 32358 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRELL, JD
Address: 1746 SMITH CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: ST () Delete
Name: LANGSTON, PAMELA
Address: 1691 SMITH CREEK ROAD
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D () Delete
Name: LANGSTON, LINDA
Address: 345 TED LANGSTON RD
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D () Delete
Name: SELLERS, JOSEPH E
Address: 39 EASY ST N
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D () Delete
Name: MERRITT, BILL
Address: 3300 SMITH CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D () Delete
Name: INGLE, CHARLES
Address: 40 EASY ST S
City-St-Zip: SOPCHOPPY, FL 32358 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA LANGSTON

ST

07/20/2004

Electronic Signature of Signing Officer or Director

Date