

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N10391

1. Entity Name
PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.



Principal Place of Business

**C/O JOSH LEMASTER
P.O. BOX 220
PONTE VEDRA BEACH, FL 32004-0220**

Mailing Address

**C/O JOSH LEMASTER
P.O. BOX 220
PONTE VEDRA BEACH, FL 32004-0220**



04262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2875274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, STUART A
155 LIBRARY BLVD.
(PO BOX 220)
PONTE VEDRA, FL 32082**

**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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000756180
05/23/07-80022-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, STUART A
STREET ADDRESS	55 LIBRARY BLVD
CITY-ST-ZIP	PONTE VERDA, FL 32082
TITLE	PD
NAME	WISNOSKY, GEORGE
STREET ADDRESS	582 LAKE RD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	RODRIGUEZ, MIKE
STREET ADDRESS	55 LIBRARY BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/28/07 904
6322201

Date

Daytime Phone #