

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21855

FILED  
Jan 10, 2004  
Secretary of State

**Entity Name:** FIVE POINTS VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

4288 DOULAS FERRY ROAD  
CARYVILLE, FL 32427 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CHIEF MYRON PIERCE  
4053 DOUGLAS FERRY RD  
BONIFAY, FL 32425 US

**New Mailing Address:**

**FEI Number:** 59-2815897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, MYRON  
4053 DOUGLAS FERRY RD  
BONIFAY, FL 32425 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: D ( ) Delete  
Name: PEAVY, OTIS  
Address: 3109 PATE POND RD  
City-St-Zip: CARYVILLE, FL 32427

Title: D ( ) Delete  
Name: PIERCE, MYRON  
Address: 4053 DOUGLAS FERRY ROAD  
City-St-Zip: BONIFAY, FL 32425

Title: DC ( ) Delete  
Name: PIERCE, BRYAN  
Address: 1610 LAWRENCE ROAD  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: ARMES, DARREL  
Address: 3862 YATES STLM ROAD  
City-St-Zip: CARYVILLE, FL 32427

Title: D ( ) Delete  
Name: PITTS, RICKY  
Address: 3881 DESALVO RD  
City-St-Zip: CARYVILLE, FL 32427

Title: ST ( ) Delete  
Name: PIERCE, ELAINE  
Address: 4053 DOUGLAS FERRY ROAD  
City-St-Zip: BONIFAY, FL 32425

**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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MYRON S. PIERCE

D

01/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date