


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N21855 1. Entity Name FIVE POINTS VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 4288 DOULAS FERRY ROAD CARYVILLE, FL 32427 US	Mailing Address C/O CHIEF MYRON PIERCE 4053 DOUGLAS FERRY RD BONIFAY, FL 32425 US
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2815897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, MYRON 4053 DOUGLAS FERRY RD BONIFAY, FL 32425	DO NOT WRITE IN THIS SPACE
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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 MYRON PIERCE CHIEF *Myron Pierce* 1-25-05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, OTIS 3109 PATE POND RD CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, MYRON 4053 DOUGLAS FERRY ROAD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PIERCE, BRYAN 1610 LAWRENCE ROAD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMES, DARREL 3862 YATES STLM ROAD CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, RICKY 3881 DESALVO RD CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIERCE, ELAINE 4053 DOUGLAS FERRY ROAD BONIFAY, FL 32425

**DO NOT WRITE
IN THIS SPACE**

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02/12/05-80035-010 61.25

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: *Myron Pierce* MYRON PIERCE 1-25-05 850-547-3859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #