
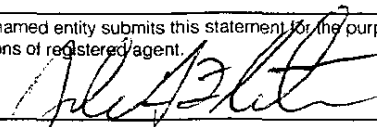
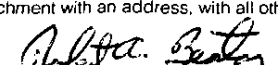


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90220 026 ****61.25

DOCUMENT # N37798 1. Entity Name THE PUTNAM COUNTY VOLUNTEER FIRE SERVICE, INC.					
Principal Place of Business P.O. BOX 128 RT 17 SOUTH SATSUMA, FL 32189			Mailing Address P.O. BOX 128 RT 17 SOUTH SATSUMA, FL 32189		
2. Principal Place of Business 3409 Park Street Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1646 Suite, Apt. #, etc.		04262004 Chg-NP CR2E037 (10/03)	
City & State Palatka, Florida		City & State Palatka, Florida		4. FEI Number 59-3020226	
Zip 32177		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEATON, LAURENCE F 627 CRILL AVENUE PALATKA, FL 32177				7. Name and Address of New Registered Agent Name Dale A. Flateau Street Address (P.O. Box Number is Not Acceptable) 124 Jayme Lane City Lake Como FL Zip Code 32157-0193	
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  DALE A. FLATEAU 4-26-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MORGAN, DAVID STREET ADDRESS P.O. BOX 522 CITY-ST-ZIP EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Delete		TITLE P NAME BEATON, LAURENCE F. STREET ADDRESS 627 CRILL AVENUE CITY-ST-ZIP PALATKA, FL 32177-5139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME PEACOCK, ALLEN STREET ADDRESS 113 N SUMMITT ST. CITY-ST-ZIP CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete		TITLE V NAME DAVENPORT, ROBERT H. STREET ADDRESS 600 Highway 20 CITY-ST-ZIP HOLLISTER, FL 32147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME VALENTINE, BARBARA STREET ADDRESS PO BOX 1173 N/A CITY-ST-ZIP INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE T NAME GRIMES, KEITH A. STREET ADDRESS P. O. BOX 501 CITY-ST-ZIP GEORGETOWN, FL 32139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BURCH, TIM STREET ADDRESS PO BOX 1925 N/A CITY-ST-ZIP HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete		TITLE D NAME MEYER, ROBERT A. STREET ADDRESS 4003 SILVER LAKE DRIVE CITY-ST-ZIP PALATKA, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PEACOCK, JUDY STREET ADDRESS 798 W. GRAND RONDO CITY-ST-ZIP CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete		TITLE D NAME BUSCH, JAMES H. STREET ADDRESS P. O. BOX 1925 CITY-ST-ZIP HAWTHORNE, FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BEATON, ROBERT STREET ADDRESS P.O. BOX 2306 CITY-ST-ZIP PALATKA, FL 321782306	<input type="checkbox"/> Delete		TITLE S NAME BEATON, ROBERT STREET ADDRESS 139 CABLE TOWER ROAD CITY-ST-ZIP PALATKA, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Robert A. Beaton April 26, 2004 (386) 329-0869 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment N37798

Additional Director:

D

BERRY, JOSEPH

P. O. BOX 450

INTERLACHEN, FL 32148
