

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37798

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE PUTNAM COUNTY VOLUNTEER FIRE SERVICE, INC.

Current Principal Place of Business:

3409 PARK STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 1646
PALATKA, FL 321781646

New Mailing Address:

FEI Number: 59-3020226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLATEAU, DALE A
124 JAYME LANE
LAKE COMO, FL 321570193 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: BEATON, LAURENCE F
Address: 627 CRILL AVENUE
City-St-Zip: PALATKA, FL 321775139

Title: V () Delete
Name: DAVENPORT, ROBERT H
Address: 600 HIGHWAY 20
City-St-Zip: HOLLISTER, FL 32147

Title: T () Delete
Name: GRIMES, KEITH A
Address: PO BOX 501
City-St-Zip: GEORGETOWN, FL 32139

Title: D () Delete
Name: MEYER, ROBERT A
Address: 4003 SILVER LAKE DRIVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BUSCH, JAMES H
Address: PO BOX 1925
City-St-Zip: HAWTHORNE, FL 32640

Title: S () Delete
Name: BEATON, ROBERT
Address: 139 CABLE TOWER ROAD
City-St-Zip: PALATKA, FL 32177

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: S (X) Change () Addition
Name: BEATON, ROBERT A
Address: 139 CABLE TOWER ROAD
City-St-Zip: PALATKA, FL 32177

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: ROBERT A. BEATON

S

04/30/2005

Electronic Signature of Signing Officer or Director

Date