


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 033 ****61.25

DOCUMENT # N37798 1. Entity Name THE PUTNAM COUNTY VOLUNTEER FIRE SERVICE, INC.					
Principal Place of Business 3409 PARK STREET PALATKA, FL 32177			Mailing Address PO BOX 1646 PALATKA, FL 32178-1646		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 262			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALATKA, FL.		4. FEI Number 59-3020226	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32178		U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEATON, LAURENCE F 627 CRILL AVENUE PALATKA, FL 32177-5139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVENPORT, ROBERT H 600 HIGHWAY 20 HOLLISTER, FL 32147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TITTON, LANCE 314 YELVINGTON ROAD EAST PALATKA, FL 32131
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, CATINA 241 BAY STREET HAWTHORNE, FL 32640	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENTINE, BARBARA 233 LAKE LUCY CRESCENT INTERLACHEN, FL 32148
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, RICHARD 120 RACHEL ROAD PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, DONNA 600 S.R. 20 HOLLISTER, FL 32147
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALENTINE, BARBARA 233 LAKE LUCY CRESCENT INTERLACHEN, FL 32148	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, MATT 223 STAR LAKE DRIVE HAWTHORNE, FL 32640
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, JAMES H PO BOX 1925 HAWTHORNE, FL 32640	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, STEVE 102 POINCIANA DRIVE INTERLACHEN, FL 32148
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RON 105 N. CEDAR AVENUE FLORAHOME, FL 32140	<input type="checkbox"/> Delete			
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: <u>Donna M. Davenport</u> Donna M. DAVENPORT, Sec. 3-13-08 386-325-0828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					