


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N43171	
1. Entity Name CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 5769 SW CR 141 JASPER, FL 32052 US	Mailing Address 5769 SW CR 141 JASPER, FL 32052 US
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0260877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCORMICK, JOHN H 215 N.E. 2ND STREET JASPER, FL 32052

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGNER, SAM 6394 SW 57TH WAY JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, WILLIAM 7793 SW 79TH DRIVE JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEROCCO, LADDRE 4976 NW 42ND PLACE JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALISH, DEBBIE 5200 SW 42ND CT JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARZ, MARJORIE RT 3 BOX 382-C-24 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARZ, EMIL F ROUTE 3 BOX 382C-24 JASPER, FL 32052

U000000044717
02/11/04-80031-023 61.25

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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: Laddie Derooco JK DeRoccos 2/1/04 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #