

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90001 022 ****61.25

DOCUMENT # N44148

1. Entity Name
DELLWOOD VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
3563 HWY 69
GRAND RIDGE, FL 32442 US

Mailing Address
3563 HWY 69
GRAND RIDGE, FL 32442 US

50054229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3089074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCER, CHRIS W
~~6161 OLD SPANISH TRAIL~~ 5881 Blue Springs Rd.
~~CYPRESS, FL 32432~~ Greenwood, FL
32443

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Christopher W. Mercer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/10/05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 C ☐ Delete
NAME MERCER, CHRIS N
STREET ADDRESS PO BOX 205 (~~6161 OLD SPANISH TRAIL~~) 5881 Blue Springs Rd.
CITY-ST-ZIP CYPRESS, FL 32432 Greenwood, FL 32443

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AC ☐ Delete
NAME MATTHEWS, DARRYL
STREET ADDRESS 6874 MESSER RD.
CITY-ST-ZIP SNEADS, FL 32460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME KELLEY, MARLA L.
STREET ADDRESS 3563 HWY 69
CITY-ST-ZIP GRAND RIDGE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Christopher W. Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05

DATE

Daytime Phone #

850
592-9807