

ANNUAL REPORT (AR)

DOCUMENT # N44148

1. Entity Name

DELLWOOD VOLUNTEER FIRE DEPARTMENT, INC.



FILED
Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business

3563 HWY 69
GRAND RIDGE FL 32442
US

Mailing Address

3563 HWY 69
GRAND RIDGE FL 32442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

MERCER, CHRIS N
5881 BLUE SPRINGS RD
GREENWOOD FL 32443

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE C ☐ Delete
NAME MERCER, CHRIS N
STREET ADDRESS 5881 BLUE SPRINGS RD
CITY-ST-ZIP GREENWOOD FL 32443

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
110000450513
03/16/06 00031-019 FL 25

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

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* DATE 3/2/06 8:55 PM CST