

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000925

FILED
Mar 17, 2009
Secretary of State

Entity Name: BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

U.S. 301 & C119
BRYCEVILLE, FL 32009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 46
BRYCEVILLE, FL 32009

New Mailing Address:

FEI Number: 59-3046878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELESS, TOM
6730 LEE LN
BRYCEVILLE, FL 32009 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: D (X) Delete
Name: FOURAKER, EUGENE
Address: 6605 CHURCH AVE E
City-St-Zip: BRYCEVILLE, FL 32009

Title: D (X) Delete
Name: MEREDITH, TROY
Address: 4079 CR 119
City-St-Zip: BRYCEVILLE, FL 32009

Title: D () Delete
Name: ROBERTS, SHERRILL
Address: 1031 RIVEA FARMS RD
City-St-Zip: BRYCEVILLE, FL 32009

Title: ST () Delete
Name: HICKS, JIM
Address: 6653 CHURCH AVE E
City-St-Zip: BRYCEVILLE, FL 32009

Title: V () Delete
Name: LOVELESS, TOM
Address: 6730 LEE LN
City-St-Zip: BRYCEVILLE, FL 32009

Title: D () Delete
Name: STATON, ROGER
Address: 1278 COUNTRYSIDE ACRES
City-St-Zip: BRYCEVILLE, FL 32009

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JIM HICKS

ST

03/17/2009

Electronic Signature of Signing Officer or Director

Date