2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002155

1. Entity Name

~~LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.~~

Bradfordville Volunteer Rescue Fire Department Inc.

FILED

06 FEB -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01242006 Chg-NP CR2E037 (11/05) 06

Principal Place of Business	Mailing Address
STATION 15 BANNERMAN RD TALLAHASSEE, FL 32312 US	P.O. BOX 15405 TALLAHASSEE, FL 32317

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3187547 ☐ 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
FLOOD, PHIL 421 BEAVER LAKE RD TALLAHASSEE, FL 32312	Name Thomas, Charles Street Address (P.O. Box Number is Not Acceptable) 8303 Hunters Ridge Tr City Tallahassee FL Zip Code 32312

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: Charles Roger Thomas, II Chief, LIVFRD 1-24-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLOOD, PHIL 421 BEAVER LAKE ROAD TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thomas, Charles 8303 Hunters Ridge Tr Tallahassee FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD FLOOD, LESLIE G 421 BEAVER LAKE ROAD TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Dryburgh, James 473 Bobunite Tr Monticello, FL 32344	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, ANDREW 56 SHALLOWBROOK FARMS ROAD THOMASVILLE, GA 31792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Hughes, Audrey P.O. Box 180183 Tallahassee FL 32318	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Pavlik, Nick 2719 W. Thorpe St Apt 27 Tallahassee, FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200065392582 02/07/06--01049--009 **96.25	☐ Change ☐ Addition

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: Charles Roger Thomas, II 1-24-06 510-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell FEB 7 2006