

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 044 ****70.00

DOCUMENT # N93000002155 1. Entity Name BRADFORDVILLE VOLUNTEER RESCUE FIRE DEPARTMENT INC.					
Principal Place of Business STATION 15 BANNERMAN RD TALLAHASSEE, FL 32312 US			Mailing Address P.O. BOX 15405 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, CHARLES 8303 HUNTERS RIDGE TRAIL TALLAHASSEE, FL 32312			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CHARLES		NAME		
STREET ADDRESS	8303 HUNTERS RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRYBURGH, JAMES		NAME		
STREET ADDRESS	473 BOBUNIDE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, AUDREY		NAME	TD Thomas Penny Ridge Trail	
STREET ADDRESS	POST OFFICE BOX 180183		STREET ADDRESS	8303 Hunters Ridge Trail	
CITY-ST-ZIP	TALLAHASSEE, FL 32318		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, PENNY		NAME	SD Hughes, Audrey	
STREET ADDRESS	8303 HUNTERS RIDGE TRAIL		STREET ADDRESS	P.O. Box 180183	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32318	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Thomas		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-17-07 Daytime Phone #: 850-668-4356		