


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 038 ****61.25

DOCUMENT # N93000002155					
1. Entity Name BRADFORDVILLE VOLUNTEER FIRE & RESCUE 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	4. FEI Number 59-3187547	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOK, KARL 1259 SHERRILL COURT TALLAHASSEE, FL 32312			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME THOMAS, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Paul Dyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8303 HUNTERS RIDGE TRAIL	TALLAHASSEE, FL 32312		STREET ADDRESS 10506 Winters Run	Tallahassee, FL 32312	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE VPD	NAME DRYBURGH, JAMES	<input checked="" type="checkbox"/> Delete	TITLE VP Position is	Currently Vacant	
STREET ADDRESS 473 BOBUNIDE TRAIL	MONTICELLO, FL 32344		STREET ADDRESS 		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE TD	NAME PENNY, THOMAS	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Deborah Hook	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8303 HUNTERS RIDGE TR	TALLAHASSEE, FL 32312		STREET ADDRESS 1259 Sherrill Court	Tallahassee, FL 32312	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE SD	NAME HUGHES, AUDREY	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Christi M. Holland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 180183	TALLAHASSEE, FL 32318		STREET ADDRESS 3313 Addison Lane	Tallahassee, FL 32317	
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: <i>Christi M. Holland, Secretary</i>			2-12-08 850-386-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<i>Christi M. Holland, Secretary</i>					