

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002194

1. Entity Name
DARLINGTON VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**5239 STATE HWY 2 EAST
WESTVILLE, FL 32464 US**

Mailing Address
**5239 STATE HWY 2 EAST
WESTVILLE, FL 32464 US**



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number
06-1397056

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PROKOP, ROSEMARY R
807 W. HWY 181
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NELSON, JERRY
STREET ADDRESS 341 COOK RD.
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE SD
NAME PROKOP, ROSEMARY
STREET ADDRESS 807 W. HWY 181
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE VPD
NAME COLLINSWORTH, BOBBY
STREET ADDRESS 56 BURGESS TRAIL
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000191037
01/24/05-80160-002 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rosemary R. Prokop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-2005

Date

850-834-3333

Daytime Phone #

Rosemary R. Prokop Secretary