

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005746**

1. Entity Name

TROPICAL FARMS VOLUNTEER FIRE DEPARTMENT OF  
MARTIN COUNTY, FLORIDA, INC.



Principal Place of Business

8446 S.W. TROPICAL AVE.  
STUART, FL 34997

Mailing Address

8446 S.W. TROPICAL AVE.  
STUART, FL 34997



04222004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2478659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARSONS, RODNEY C  
50 SW BLACKBURN TERR  
#8  
STUART, FL 34997

**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 reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000123140  
04/26/04-80026-008 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GOETHEL, DOUG  
2942 SW ST LUCZE LANE  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
PARSONS, RODNEY C  
50 SW BLACKBURN TERR., #8  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FRATES, MICHAEL J  
1756 SW RANCH TRAIL  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(i), 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:**

*Rodney C. Parsons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2004  
Date

772-283-9679  
Daytime Phone #