

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 006 ****61.25

54062845



MOORE CR2E037 (4/04)

DOCUMENT # N96000005999

1. Entity Name

BELLVILLE VOLUNTEER FIRE/RESCUE, INC.



Principal Place of Business

1571 N.W. CO RD., #145
JENNINGS FL 32053

Mailing Address

1571 N.W. CO RD., #145
JENNINGS FL 32053

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1571 N.W. CR. 145

Jennings, FL

32053

4. FEI Number

59-3459856

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

MCCORMICK, JOHN H
403 SECOND ST NW
JASPER FL 32052

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ZANDERS, MCARTHUR	
STREET ADDRESS	RT 2 BOX 192	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COFFEE, EARTHA	
STREET ADDRESS	2662 N.W. 6TH DRIVE	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, AGNES	
STREET ADDRESS	2301 NW 21ST AVENUE	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, FLORIDA	
STREET ADDRESS	2968 NW 22ND BLVD	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, BONNIE	
STREET ADDRESS	3017 NW 5TH ST	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennings FL	
STREET ADDRESS	3469 N.W. 26TH way	
CITY-ST-ZIP	Woodrow Williams	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Patterson	
STREET ADDRESS	2242 NW 22nd Blvd	
CITY-ST-ZIP	Jennings FL 32053	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fields Agnes	
STREET ADDRESS	2301 NW 21st Ave	
CITY-ST-ZIP	Jennings FL 32053	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zanders, McArthur	
STREET ADDRESS	RT 2 Box 192	
CITY-ST-ZIP	Jennings FL 32053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *McArthur Zanders*

7-12-04