2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N96000005999

Entity Name: BELLVILLE VOLUNTEER FIRE/RESCUE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1571 N.W. CR.., #145
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 59-3459856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMICK, JOHN H
403 SECOND ST NW
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: WILLIAMS, WOODROW
Address: 3469 NW 26TH WAY
City-St-Zip: JENNINGS, FL 32053

Title: TD ( ) Delete
Name: COFFEE, EARTHA
Address: 2662 N.W. 6TH DRIVE
City-St-Zip: JENNINGS, FL 32053

Title: S ( ) Delete
Name: FIELDS, AGNES
Address: 2301 NW 21ST AVENUE
City-St-Zip: JENNINGS, FL 32053

Title: D ( ) Delete
Name: MCARTHUR, LANDERS
Address: RT 2 BOX 192
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOODROW WILLIAMS VPD 09/06/2005
Electronic Signature of Signing Officer or Director — Date