



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90004 008 \*\*\*\*70.00

<b>DOCUMENT # N96000005999</b> 1. Entity Name <b>BELLVILLE VOLUNTEER FIRE/RESCUE, INC.</b>					
Principal Place of Business <b>1571 N.W. CO RD., #145 JENNINGS, FL 32053</b>				Mailing Address <b>1571 N.W. CR., #145 JENNINGS, FL 32053</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>3467 NW 20<sup>TH</sup> PLACE</b> Suite, Apt. #, etc. <b>JENNINGS, FL</b> City & State <b>32053 US</b> Zip Country		<b>50026693</b> 	
4. FEI Number <b>59-3459856</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08172006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent <b>MCCORMICK, JOHN H 403 SECOND ST NW JASPER, FL 32052</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILLIAMS, WOODROW 3469 NW 26TH WAY JENNINGS, FL 32053	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHN DENNIS WHITEN 3467 NW 20 <sup>TH</sup> PLACE JENNINGS, FL 32053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COFFEE, EARTHA 2662 N.W. 6TH DRIVE JENNINGS, FL 32053	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D GARY BENNETT 111 MAIN STREET LAKE PARK, GA 31636	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIELDS, AGNES 2301 NW 21ST AVENUE JENNINGS, FL 32053	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D AMBER WHITEN 3467 NW 20 <sup>TH</sup> PLACE JENNINGS, FL 32053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCARTHUR, LANDERS. RT 2 BOX 192 JENNINGS, FL 32053	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MARK OWENS 3610 NW 20 <sup>TH</sup> WAY JENNINGS, FL 32053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____		John Dennis Whiten		08/17/2006 (229)269-1635	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	