


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<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>3467 NW 20TH PLACE JENNINGS, FL 32053</b>																																																																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 46</b> Suite, Apt. #, etc.																																																																																													
City & State Zip		City & State <b>Jennings, Florida</b> Zip <b>32053</b>		4. FEI Number <b>59-3459856</b>																																																																																											
Country		Country <b>Hamilton</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																											
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 <div style="text-align: right;"><b>FL</b> Zip Code</div>																																																																																											
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 re-registering) _____ DATE _____																																																																																															
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">WHITEN, JOHN D</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">3467 NW 20TH PLACE</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">JENNINGS, FL 32053</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>BENNETT, GARY</td> <td>STREET ADDRESS</td> <td>111 MAIN ST</td> <td>CITY-ST-ZIP</td> <td>LAKE PARK, GA 31635</td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>WHITEN, AMBER</td> <td>STREET ADDRESS</td> <td>3467 NW 20TH PLACE</td> <td>CITY-ST-ZIP</td> <td>JENNINGS, FL 32053</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>OWENS, MARK</td> <td>STREET ADDRESS</td> <td>3610 NW 20TH WAY</td> <td>CITY-ST-ZIP</td> <td>JENNINGS, FL 32053</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P/D</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">William Tomlinson</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">3435 NW 24th Pl</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Jennings, FL 32053</td> </tr> <tr> <td>TITLE</td> <td>VP/D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td>James Edwards</td> <td>STREET ADDRESS</td> <td>3311 NW 25th Ter.</td> <td>CITY-ST-ZIP</td> <td>Jennings, FL 32053</td> </tr> <tr> <td>TITLE</td> <td>S/D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td>Jeanette Smith</td> <td>STREET ADDRESS</td> <td>3416 NW 31st Lane</td> <td>CITY-ST-ZIP</td> <td>Jennings, FL 32053</td> </tr> <tr> <td>TITLE</td> <td>T/D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td>Karen Edwards</td> <td>STREET ADDRESS</td> <td>3311 NW 25th Ter.</td> <td>CITY-ST-ZIP</td> <td>Jennings, FL 32053</td> </tr> </table> </div> </div>						TITLE	P	Delete <input checked="" type="checkbox"/>	NAME	WHITEN, JOHN D	STREET ADDRESS	3467 NW 20TH PLACE	CITY-ST-ZIP	JENNINGS, FL 32053	TITLE	VD	Delete <input type="checkbox"/>	NAME	BENNETT, GARY	STREET ADDRESS	111 MAIN ST	CITY-ST-ZIP	LAKE PARK, GA 31635	TITLE	TD	Delete <input type="checkbox"/>	NAME	WHITEN, AMBER	STREET ADDRESS	3467 NW 20TH PLACE	CITY-ST-ZIP	JENNINGS, FL 32053	TITLE	SD	Delete <input type="checkbox"/>	NAME	OWENS, MARK	STREET ADDRESS	3610 NW 20TH WAY	CITY-ST-ZIP	JENNINGS, FL 32053	TITLE		Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	P/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	William Tomlinson	STREET ADDRESS	3435 NW 24th Pl	CITY-ST-ZIP	Jennings, FL 32053	TITLE	VP/D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	James Edwards	STREET ADDRESS	3311 NW 25th Ter.	CITY-ST-ZIP	Jennings, FL 32053	TITLE	S/D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Jeanette Smith	STREET ADDRESS	3416 NW 31st Lane	CITY-ST-ZIP	Jennings, FL 32053	TITLE	T/D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	Karen Edwards	STREET ADDRESS	3311 NW 25th Ter.	CITY-ST-ZIP	Jennings, FL 32053
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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.																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>William Tomlinson</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>12-12-07</b>  <small>Date</small> </div> <div style="width: 30%;"> <b>586-965-1575</b>  <small>Daytime Phone #</small> </div> </div>																																																																																															

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07 DEC 19 PM 2:27

STATE  
TALLAHASSEE, FLORIDA



10242007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

FL

*12/19*

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