2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005727

1. Entity Name
ARCHER VOLUNTEER FIREFIGHTERS, INC.

Principal Place of Business	Mailing Address
429 WEST HWY 24 ARCHER, FL 32618	P.O. BOX 84 ARCHER, FL 32618

08232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HARRIET B
300 EAST PEACHTREE STREET
ARCHER, FL 32618

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HART, JACK
STREET ADDRESS	212 W PARK STREET
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	VD
NAME	LIST, ROGER
STREET ADDRESS	5404 SW 83RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	STD
NAME	SPIVEY, LISA
STREET ADDRESS	9004 SW 126TH ST
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000170916
08/26/04-80002-020 61.25

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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: Lisa Spivey LISA SPIVEY 8/23/04 352 495 2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #