


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90010 018 \*\*\*\*70.00

<b>DOCUMENT # N99000001147</b> 1. Entity Name <b>FORT GEORGE ISLAND VOLUNTEER FIRE DEPARTMENT INC.</b>					
Principal Place of Business <b>9363 HECKSCHER DR JACKSONVILLE, FL 32226</b>			Mailing Address <b>9363 HECKSCHER DR JACKSONVILLE, FL 32226</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1009535</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARNES, REATUCE C 9363 HECKSCHER DR JACKSONVILLE, FL 32226</b>			7. Name and Address of New Registered Agent Name <b>DYAL, RODNEY D</b> Street Address (P.O. Box Number is Not Acceptable) <b>10555 PALMETTO AVE.</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32226</b>		
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 <u><i>Rodney D. Dyal</i></u> <b>RODNEY D. DYAL PRESIDENT - DIRECTOR</b> <b>8-21-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</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	VD HEEDS, ROGER 9730 HECKSHER DR JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CANNON, HENRY 13410 DUNNS CREEK RD. JACKSONVILLE, FL. 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DYAL, RODNEY 10555 PALMETTO AVE JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DYAL, RODNEY 10555 PALMETTO AVE JACKSONVILLE, FL. 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, BEATUCE C 9724 HECKSCHER DR JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, REATUCE C 9724 HECKSCHER DR. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLOVER, CHUCK 9970 HECKSCHER RD JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]
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.					
<b>SIGNATURE:</b> <u><i>Rodney D. Dyal</i></u> <b>RODNEY D. DYAL</b>			<b>8-21-05 (904) 251-3489</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT SD062883 8-21-05  
#N99000001147

DEAR SIR,

MY NAME IS RODNEY DYAL. I WAS LISTED ON THE NOT-FOR-PROFIT REPORT FORM AS AN STD. REATULE C. BARNES WAS THE PRESIDENT AND DIRECTOR. MR. BARNES PASSED AWAY MAY 28<sup>TH</sup> 2004. I TOOK OVER AS PRESIDENT AND DIRECTOR THEREAFTER. ON THE FORM SUBMITTED I WOULD LIKE FOR YOU TO NOTE THAT I AM NOW THE REGISTERED AGENT. ALSO NOTING THAT WE DROPPED MR BARNES FROM THE OFFICER AND DIRECTORS LIST IN SECTION 10. WE ALSO HAVE ADDED A NEW PERSON TO THE LIST SO WE STILL HAVE THE SAME NUMBER OF PEOPLE INVOLVED. I HOPE THIS NOTE IS SATISFACTORY.

THANK YOU

RODNEY DYAL  
10555 PALMETTO AVE  
JACKSONVILLE, FL. 32226

ENCLOSED IS CHECK FOR  
\$ 70.00 WHICH INCLUDES \$8.75  
FOR CERTIFICATE OF STATUS