

2008 NON-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001147

1. Entity Name
FORT GEORGE ISLAND VOLUNTEER FIRE
DEPARTMENT INC.



FILED
Jan 16, 2008 08:00 AM
Secretary of State

Principal Place of Business

9363 HECKSCHER DR
JACKSONVILLE, FL 32226

Mailing Address

9363 HECKSCHER DR
JACKSONVILLE, FL 32226



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1009535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

DYAL, ROONEY D
10555 PALMETTO AVE
JACKSONVILLE, FL 32226

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000786268
01/17/08-80033-023 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HEEDS, ROGER
9730 HECKSHER DR
JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DYAL, RODNEY
10555 PALMETTO AVE
JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GLOVER, CHUCK
9970 HECKSCHER RD
JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Rodney D. Dyal

1-14-08

904-251-3489