

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764719

Entity Name: JAY VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**1344 4 HWY 89
JAY, FL 32565**Current Mailing Address:**P.O. BOX 512
JAY, FL 32565 US**FEI Number:** 59-2897821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COZART, STEPHEN M
125 W. ROMANA ST.
SUITE 550
PENSACOLA, FL 32502 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SD
Name	LEFLORE, MARK
Address	3850 EBENEZER CHURCH RD
City-State-Zip:	JAY FL 32565

Title	PD
Name	MCCURDY, JOE
Address	15303 HWY 89
City-State-Zip:	JAY FL 32565

Title	TREASURER
Name	JONES, STEVEN J
Address	1344 4 HWY 89
City-State-Zip:	JAY FL 32565

Title	D
Name	CARAWAY, SCOTT
Address	3874 EBENEZER CHURCH RD.
City-State-Zip:	JAY FL 32565

Title	D
Name	SHAWN, JARRELL
Address	HWY 89
City-State-Zip:	JAY FL 32565

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK LEFLORE

SD

04/04/2023

Electronic Signature of Signing Officer/Director Detail_____
Date