

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002155

Entity Name: BRADFORDVILLE VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC.**Current Principal Place of Business:**1445 BANNERMAN ROAD
TALLAHASSEE, FL 32312**Current Mailing Address:**P.O. BOX 15405
TALLAHASSEE, FL 32317**FEI Number: 59-3187547****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIMPF, NANETTE M
MOORE
2011 DELTA BLVD
TALLAHASSEE, FL 32303 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	DIRECTOR
Name	RINGEL, CHARLES
Address	1820 JASMINE DR
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER, DIRECTOR
Name	RANALLO, MARY CYNTHIA
Address	3513 KILKENNY DR E
City-State-Zip:	TALLAHASSEE FL 32309

Title	PRESIDENT
Name	WRIGHT, BAKER IV
Address	3009 GOLDEN EAGLE DRIVE E
City-State-Zip:	TALLAHASSEE FL 32312

Title	SECRETARY, DIRECTOR
Name	SCHIMPF, NANETTE M
Address	2098 LAKE HALL RD
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	FOLICK, KARI
Address	2933 FOXCROFT DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	DYER, PAUL
Address	10506 WINTERS RUN
City-State-Zip:	TALLAHASSEE FL 32312

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: NANETTE M. SCHIMPF**SECRETARY****04/16/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date