

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90046 004 ****61.25

DOCUMENT # 759050

1. Entity Name

ICHETUCKNEE/SOUTH COLUMBIA VOLUNTEER FIRE
DEPARTMENT, INC.



Principal Place of Business

495 SW DORCH STREET
FORT WHITE FL 32038
US

Mailing Address

495 SW DORCH STREET
FORT WHITE FL 32038
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2918788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, Z E
386 SW BRYANT AVE
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITRELL, WALTER JR 635 MURDOCK COURT FORT WHITE FL 32038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'STEEN L. C-138 FORT WHITE FL 32038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUDSON, Z E S BRYANT ST, PO 12 FT WHITE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANCE, JIM P O BOX 152 SR 47 FORT WHITE FL 32038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NOAH, CHARLES TIMUQUA ROAD FT WHITE FL 32038	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITLEY, WILLIAM E. RT 2 BOX 945 N/A HIGH SPRINGS FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

ST Davis, John L.
P.O. Box 113, 9563 SW US. 27
Fort White, FL 32038

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Mar 04

Date

386-497-3333

Daytime Phone #