

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90833 030 ****61.25

DOCUMENT # N97000000701

1. Entity Name
HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
 P.O. BOX 317 P.O. BOX 317
 HOSFORD FL 32334 HOSFORD FL 32334

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3446302**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, RUDY G
HWY 65 S
TELOGIA FL 32360

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LARYUS RT 1 BOX 36 HOSFORD FL 32334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Treasurer PULLMAN, SHANNA Arnold, Shanna PO BOX 2 181 TELOGIA FL 32360	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, IVEY PO BOX 221 HOSFORD FL 32334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BILL PO BOX 276 HOSFORD FL 32334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMNER, RUDY G PO BOX 72 TELOGIA FL 32360	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINCAID, BRAD PO BOX 506 HOSFORD FL 32334	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (S) Pam Sumner P.O. Box 166 Telogia, Fl. 32360	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Scott Sessions Rt. 1, Box 72-S Hosford, Fl. 32334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Chief Larry Brown Rt. 1, Box 10X Hosford, Fl. 32334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Sammy Hanna P.O. Box 195 Hosford, Fl. 32334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Chief Lieutenant Matt Mayo P.O. Box 147 Hosford, Fl. 32334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Derrick Arnold P.O. Box 181 Telogia, Fl. 32360	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Rudy G Sumner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2002
 Date

643-4318
 Daytime Phone #

0061800

CR2E037 (9/01)