

DOCUMENT # 702153

1. Entity Name
EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC

Principal Place of Business Mailing Address
1805 SOUTH RIDGEWOOD AVENUE P.O. BOX 1027
EDGEWATER FL 32132 EDGEWATER FL 32132

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
BARLOW, GEORGE
1792 PERSIMMON CIRCLE
EDGEWATER FL 32132

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	STEVE Cousins P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, CARMEL		NAME	2504 MANGO TREE DRIVE	
STREET ADDRESS	3020 MANGO TREE DR		STREET ADDRESS	EDGEWATER, FL 32141	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MICHAEL		NAME	DON JONES	
STREET ADDRESS	3418 VICTORY PALM DR		STREET ADDRESS	3403 TAMARIND DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SHELLIE		NAME	KIM BARLOW	
STREET ADDRESS	3020 MANGO TREE DRIVE		STREET ADDRESS	2936 UNITY TREE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, TRACEY D		NAME	DAVID NEWELL	
STREET ADDRESS	2004 QUEEN PALM DR		STREET ADDRESS	2450 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, GEORGE		NAME		
STREET ADDRESS	1792 PERSIMMON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32132		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWARD, TAMMY		NAME	JEFF LARISCY	
STREET ADDRESS	1648 AIR PARK RD		STREET ADDRESS	1523 SABAL PALM	
CITY-ST-ZIP	EDGEWATER FL 32132		CITY-ST-ZIP	EDGEWATER, FL 32132	

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 REQUIRED 01/05/01 904 409 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90047 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)