

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90334 023 \*\*\*\*61.25

**DOCUMENT # 703297**

1. Entity Name

**EAST PALATKA VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

**158 LOIS BROER ROAD  
EAST PALATKA FL 32131**

Mailing Address

**P.O. BOX 522  
E. PALATKA FL 32131**

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 **64-1600176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORGAN, DAVID  
202 TILMAN ST.  
EAST PALATKA FL 32131**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MORGAN, DAVID	
STREET ADDRESS	202 TILMAN ST.	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	LAINEW, HUEY	
STREET ADDRESS	123 ROBERTS BLVD.	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, CLARK	
STREET ADDRESS	248 WALTON RD.	
CITY-ST-ZIP	E PALATKA FL 32131	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	KNOWLES, BOOKER	
STREET ADDRESS	360 PUTMAN CO. BLVD.	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	C/D	<input type="checkbox"/> Delete
NAME	MORGAN, LARRY	
STREET ADDRESS	308 WAYWICK ST.	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	M/D	<input type="checkbox"/> Delete
NAME	MINOR, MIKE	
STREET ADDRESS	142 FERN ST.	
CITY-ST-ZIP	SAN MOTELO FL 32188	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleetwood Keith	
STREET ADDRESS	P.O. Box 1222	
CITY-ST-ZIP	E. Palatka FL 32131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of David Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

386-937-2669

CR2E037 (10/02)