


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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90079 010 ****61.25

DOCUMENT # 709549

1. Entity Name
STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
18 ROBERTA STREET, SI **18 ROBERTA STREET, SI**
KEY WEST FL 33040 **KEY WEST FL 33040**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2239339** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FOLSOM, WALLACE L.
26A 12TH AVE., S.I.
KEY WEST FL 33040

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 _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERSON, ALLAN T	NAME	
STREET ADDRESS	C 12 9TH AVE S I	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELLS, KENNETH J	NAME	
STREET ADDRESS	14 LUNA LN B C	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, MARIE L	NAME	
STREET ADDRESS	18 ROBERTA STREET SI	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, PAUL L.	NAME	
STREET ADDRESS	18 ROBERTA ST., SI.	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FLORIDA 00000	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, WALLACE L.	NAME	
STREET ADDRESS	26A-12TH AVENUE, SI	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARA, FRANK E	NAME	
STREET ADDRESS	101 ROYS TRL PRK SI	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	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: *Marie L Galloway* *Marie L Galloway* *4/07/03* *305-296-3477*

CR2E037 (10/02)