

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**  
04-16-2003 90105 001 \*\*\*\*61.25

0088273

**DOCUMENT # 711142**

1. Entity Name

**THE WINTER HAVEN FIREMEN'S ASSOCIATION INC.**



Principal Place of Business

Mailing Address

551 3RD STREET NW  
P.O. BOX 2277  
WINTER HAVEN FL 33883

551 3RD STREET NW  
P.O. BOX 2277  
WINTER HAVEN FL 33883

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 **59-2899033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONATSER, DARRELL**  
**1904 BRUCE**  
**LAKELAND FL 33801**

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 **DV** ☐ Delete  
NAME **STEEN, MIKE**  
STREET ADDRESS **3512 AVE 'V' NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **TD** ☐ Change ☒ Addition  
NAME **ELIZABETH SHEARS**  
STREET ADDRESS **458 AVE D S.E.**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **SD** ☒ Delete  
NAME **TOPPER, SCOTT**  
STREET ADDRESS **4087 SUGAR CREEK DR S**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **SD** ☐ Change ☒ Addition  
NAME **REBECCA YOST**  
STREET ADDRESS **551 3RD ST. N.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33883**

TITLE **TD** ☒ Delete  
NAME **RINGER, JUSTIN**  
STREET ADDRESS **306 STEEDLY AVE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **P** ☐ Delete  
NAME **CONATSER, DARRELL**  
STREET ADDRESS **1904 BRUCE**  
CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Darrell Conatser**

**4-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)