

DOCUMENT # 713608

1. Entity Name

THE WALNUT HILL VOLUNTEER FIRE DEPARTMENT, INCOR

Principal Place of Business

Mailing Address

7760 HWY 97
PO BOX 6
WALNUT HILL FL 32568

7760 HWY 97
PO BOX 6
WALNUT HILL FL 32568

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

59-2421482

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STARK, CHARLES
3801 LAMBERT BRIDGE RD.
MCDAVID FL 32568

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	D	<input type="checkbox"/> Delete
NAME	RIGBY, TERRY	
STREET ADDRESS	4180 HWY 99A	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STARK, CHARLES	
STREET ADDRESS	7760 HIGHWAY 97	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	STEWART, ROBERT	
STREET ADDRESS	7530 MORTON ROAD	
CITY-ST-ZIP	CENTURY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARE, JAMES	
STREET ADDRESS	6961 O.C PHILLIPS RD.	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, JEFF	
STREET ADDRESS	4301 HWY 99, N.	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALTEMAN, LYNDON	
STREET ADDRESS	5251 HWY. 164	
CITY-ST-ZIP	MCDAVID FL 32568	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANNIGAN, KEVIN	
STREET ADDRESS	5410 N HWY 99	
CITY-ST-ZIP	CENTURY, FL. 32535	
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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Stark 1-2-01 334-368-9260

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90015 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)