2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2002 8:00 am Secretary of State DOCUMENT # 713608 1. Entity Name THE WALNUT HILL VOLUNTEER FIRE DEPARTMENT, INCOR 01-25-2002 90013 024 ****61.25 PORATED Principal Place of Business Mailing Address 7760 HWY 97 7760 HWY 97 PO BOX 6 PO BOX 6 WALNUT HILL FL 32568 WALNUT HILL FL 32568 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2421482 Not Applicable __Country Zip.___ Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STARK, CHARLES 3801 LAMBERT BRIDGE RD. MCDAVID FL 32568 Zip Code y submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above name SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete D NAME RIGBY, TERRY BROWN CHRISTOPHER STREET ADDRESS STREET ADDRESS 4180,HWY.99A 7915 HWY 97~~ CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL WALNUT HILL FL 32568 DP ☐ Delete TITLE Change ☐ Addition TITLE NAME STARK, CHARLES NAME STREET ADDRESS 7760 HIGHWAY 97 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP walnut Hill Fl DC ☐ Delete ☐ Addition TITLE Change TITLE STEWART, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 7530 MORTON ROAD CITY-ST-7IP CITY-ST-ZIP CENTURY FL ☐ Addition TITLE Change XX Delete HARE, JAMES NAME STREET ADDRESS 6961 O.C PHILLIPS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WALNUT HILL FL 32568 ☐ Delete Change ☐ Addition TITLE Hester, Jeff NAME NAME STREET ADDRESS 4301 HWY 99, N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Walnut Hill Fl Delete TITLE Change ☐ Addition HALTEMAN, LYNDON NAME STREET ADDRESS STREET ADDRESS 5251 HWY 164

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

MCDAVID FL 32568

SIGNING OFFICER OR DIRECTOR DATE DELEGATION DELEGATION