

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

FILED:

03 JUN -2 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # 717748 1. Entity Name INGLIS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business G- R -HIGHWAY 40 W. P- O - BOX 461 INGLIS, FL 34449 LE		Mailing Address C. R. HIGHWAY 40 W. P. O. BOX 461 INGLIS, FL 34449 US			
2. Principal Place of Business 11231 SE 112 TR Suite, Apt. #, etc.		3. Mailing Address 11231 SE 112 TR Suite, Apt. #, etc.			
City & State Inglis FL		City & State Inglis FL		4. FEI Number 59-1722164	
Zip 34449		Country Levy		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSSMAN, ROGER L 19631 SE 112 TERR. INGLIS, FL 34449				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 11231 SE 112 TR City Inglis FL Zip Code 34449	
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: <u><i>Roger Crossman</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE: <u>26 May 03</u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DT WATSON, BUDDY 11825 SE 196 LANE DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark Moore 4721 Riverside Box 9 Yankeetown FL 34498	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODE, DONALD 8291 HWY 40E INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Snyder 20297 SE 115 AVE Inglis FL 34449	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSSMAN, MARY A 11231 SE 112 TR INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800020307008 06/02/03--01053--008 ***70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUCH, LEWIS 19651 SE 111TH CT INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dr. Debra Moore 3033 W. Cypress Dunnellon FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, JUDITH 20297 SE 115 AVE INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Rodgers Box 978 US 19 North Inglis FL 34449	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSSMAN, ROGER L 19631 SE 112 TERR. INGLIS, FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sharon Reid 31 South Schoolcraft Rd Inglis FL 34449	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u><i>Mark Moore</i></u>				DATE: <u>27 MAY 03</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DAYTIME PHONE # <u>352 447 4721</u>	

CPRE037 (10/02)

9/6/3