

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91218 016 \*\*\*\*61.25

**DOCUMENT # 725254**

1. Entity Name  
**KINARD VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

**5382 SW SR 73  
KINARD FL 32449  
US**

Mailing Address

**7901 SW MONROE JOHNSON RD  
KINARD FL 32449**

**11005485**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**10736 SW CR 392**

City & State

**Kinard, FL**

4. FEI Number **23-7411587**

Applied For

Not Applicable

Zip

Country

**32449**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, DOYLE F.  
4966 SW JOHN DANIELS RD  
KINARD FL 32449**

7. Name and Address of New Registered Agent

Name **Newsome, J.K.**

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

**9611 SW CR 392**

City **Kinard Youngstown FL**

Zip Code **32400**

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

*J.K. Newsome*

**J.K. Newsome**

**4-14-03**

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

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>PITTS, GERALD</b>              |                                 |
| STREET ADDRESS | <b>10385 SW CR392</b>             |                                 |
| CITY-ST-ZIP    | <b>KINARD FL 32449</b>            |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>SKIPPERS, JOHNNY</b>           |                                 |
| STREET ADDRESS | <b>5256 SW JOHNNY SKIPPER RD</b>  |                                 |
| CITY-ST-ZIP    | <b>YOUNGSTOWN FL 32466</b>        |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>RUSHING, LUCIOUS</b>           |                                 |
| STREET ADDRESS | <b>8255 SW CR12</b>               |                                 |
| CITY-ST-ZIP    | <b>YOUNGSTOWN FL 32466</b>        |                                 |
| TITLE          | <b>MD</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>DANIELS, DOYLE F.</b>          |                                 |
| STREET ADDRESS | <b>4966 SW JOHN DANIELS RD</b>    |                                 |
| CITY-ST-ZIP    | <b>KINARD FL 32449</b>            |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>YON, JOEL</b>                  |                                 |
| STREET ADDRESS | <b>6260 SW CLAYTON SHIVER RD</b>  |                                 |
| CITY-ST-ZIP    | <b>KINARD FL 32449</b>            |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>SKIPPER, JOHATHAN</b>          |                                 |
| STREET ADDRESS | <b>5256 SW JOHNNY SKIPPER RD.</b> |                                 |
| CITY-ST-ZIP    | <b>YOUNGSTOWN FL 32466</b>        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| 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    |   |
| 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: *J.K. Newsome* **J.K. Newsome** **4-14-03** **850-639-6245**

CR2037 (10/02)