2002 UNIFORM BUSINESS REPORT (UBR) FILED May 29, 2002 8:00 am § Secretary of State **DOCUMENT # 727989** 1. Entity Name FRANCIS VOLUNTEER FIRE DEPARTMENT, INC 05-29-2002 90674 010 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2532 P.O. BOX 2532 PALATKA FL 32178-9532 PALATKA FL 32178-9532 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 NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Paul B. Dennis DENNIS, PAUL Street Address (P.C. Box Number is Not Acceptable) 2119 WESTOVER DR PALATKA FL 32178 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition NAME DENNIS, PAUL NAME Dennis, Paul STREET ADDRESS 2119 WESTOVER DR STREET ADDRESS 203 Ivy Street CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP Palatka. Florida 32177 ۷Ď TITLE ☐ Delete TITLE ☐ Addition NAME TAYLOR, KATHY NAME Lonnie Williams STREET ADDRESS RT 3 BOX 4003 STREET ADDRESS Rt. 4 Box 684 CITY-ST-ZIP PALATKA FL CITY-ST-7IP Palatka, Florida 32177 ☐ Delete **₭** Change ☐ Addition NAME DENNIS, BRIDGET Dennis = Bridget - --NAME STREET ADDRESS 2119 WESTOVER DR. 203 Ivy Street STREET ADDRESS CITY-ST-ZIP PALATKA FL CITY-ST-ZIP Palatka, Florida 32177 ☐ Delete Addition ☐ Change O'BERRY, JEFF STREET ADDRESS 108 STILLWELL AVE, ALPT A2 STREET ADDRÉSS CITY-ST-ZIP Palatka FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MEYER, ROBERT NAME STREET ADDRESS RT 3 BOX 4003 STREET ADDRESS CITY-ST-ZIP PALATKA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS 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 ennis, Assistant SIGNATURE:

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR