

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90124 012 ****61.25

DOCUMENT # 728050

1. Entity Name
CRAWFORDVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address

88 CEDAR LANE **P.O. BOX 490**
CRAWFORDVILLE FL 32327 **CRAWFORDVILLE FL 32327**
US **US**

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 **59-2381251** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARVEY, ALLEN SR
264 TRICE LANE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name **D'Arcy Brazier**
Street Address (P.O. Box Number is Not Acceptable)
60 Holiday Dr
Crawfordville
City **FL** Zip Code **32327**

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  DATE **2-4-03**

Signature, typed or printed name of registered agent and his, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	D LOWHORN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	61 LAMAR CT	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE NAME	D SLAYTON, CHAD	<input type="checkbox"/> Delete
STREET ADDRESS	89 TRUMPET LN	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE NAME	D ARIES, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	69 CRAWFORD AVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE NAME	P HINDLE, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	81 COLEMAN RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE NAME	VP DENMARK, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	32 JASON ST.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE NAME	T HARVEY, LETTIE	<input type="checkbox"/> Delete
STREET ADDRESS	296 TRICE LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Tom Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	648 New Light Church Rd	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **2-4-03** **926-9746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)