

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

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90058 011 \*\*\*\*61.25

**DOCUMENT # 732587**

1. Entity Name  
**ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
P. O. BOX 5  
P O BOX 5  
ORNAGE SPRINGS FL 32182

Mailing Address  
P. O. BOX 5  
P O BOX 5  
ORNAGE SPRINGS FL 32182

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 **59-1921144**

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

7. Name and Address of New Registered Agent

**WARREN, JANET S**  
**9847 E HWY 318**  
**PO BOX 5**  
**ORANGE SPRINGS FL 32182**

Name

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

City

**FL**

Zip Code

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

*Janet S Warren*

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/4/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LUMM, VERN	
STREET ADDRESS	197 INDIAN LK. RD.	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUMM, JO	
STREET ADDRESS	197 INDIAN LK RD	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREENE, DEBBIE	
STREET ADDRESS	3333 NE 228TH LANE RD.	
CITY-ST-ZIP	FORT MC COY FL 32134	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARREN, HAROLD N	
STREET ADDRESS	9847 E HWY 318, PO BOX 559	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARREN, JANET	
STREET ADDRESS	PO BOX 559, 9847 E HWY 318	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRESGE, RICK	
STREET ADDRESS	23850 130 CT RD NE	
CITY-ST-ZIP	FORT MC COY FL 32134	

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUMM, MARK	
STREET ADDRESS	13661 NE 247LN	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAYSIA, Betty	
STREET ADDRESS	21850 NE Hwy 315	
CITY-ST-ZIP	ORANGE SPRINGS, FL 32182	

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: *HAROLD WARREN* **6-4-03** **352-546-2426**

CR2E037 (10/02)