

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90208 046 ****70.00

0062800

DOCUMENT # 737079

1. Entity Name

**MOSSY HEAD/OAKWOOD HILLS VOLUNTEER FIRE DEPARTME
 NT, INC.**

Principal Place of Business

**1235 HWY 1087
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**HWY. 1087 NORTH
 P.O.BOX 1257
 MOSSY HEAD FL 32434**

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 **59-0188470**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, GEORGE RALPH
 105 E NELSON AVE
 DEFUNIAK SPRINGS FL 32433**

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MOORE, BARBARA K.**
 CITY-ST-ZIP **367 KELLEY PLACE**
DEFUNIAK SPRINGS FL

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Ronald S Murphy**
 CITY-ST-ZIP **12284 Hwy 90 W**
Defuniak Springs FL 32433

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **JONES, DAVID L JR**
 CITY-ST-ZIP **5756 HWY 1087**
DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Melissa Vest**
 CITY-ST-ZIP **135 Peach RD**
Defuniak Springs FL 32433

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **LOCKRIDGE, MICHAEL**
 CITY-ST-ZIP **770 CTY HWY. 1087**
DEFUNIAK SPRINGS FL

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Steve Boynton**
 CITY-ST-ZIP **3991 Richardson RD**
Crestview FL 32435

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **SCHWARZ, BETTY**
 CITY-ST-ZIP **83 FOX HILL RD**
DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

850-834-3060

Daytime Phone #

CR2E037 (9/01)