

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90110 034 ****61.25

DOCUMENT # **738191 5962**
1. Entity Name
GLENDALE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
148 RAILROAD AVE. **148 RAILROAD AVE.**
DEFUNIAK SPRINGS FL 32433 **DEFUNIAK SPRINGS FL 32433**
US **US**

FINA 8002E117



CHECK HERE IF MAKING CHANGES

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 **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KINKEY, ARTHUR
10079 STATE HWY 83 NORTH
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent
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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, JOHN	
STREET ADDRESS	297 RAILROAD AVE.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINKEY, ARTHUR	
STREET ADDRESS	10079 STATE RD 83	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, BEN	
STREET ADDRESS	629 NELSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GARRETT	
STREET ADDRESS	5065 STATE HWY 83	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DELL, KEVIN M	
STREET ADDRESS	230 BLUEBIRD LANE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOSH, ERVIN	
STREET ADDRESS	5213 STATE 83	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED** 3-18-03 850-859-0180

CR2E037 (10/02)