

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 738436**

1. Entity Name

**NEW HOPE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

**1969 HIGHWAY 2  
WESTVILLE FL 32464****1969 HIGHWAY 2  
WESTVILLE FL 32464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2891097**

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

**EVANS, GWENDOLYN  
1969 HWY 2  
WESTVILLE FL 32464**

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 **P** ☐ Delete  
NAME **CHURCH, CALEB**  
STREET ADDRESS **1354 MT IDA RD**  
CITY-ST-ZIP **WESTVILLE FL 32464**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **EVANS, HOMER A**  
STREET ADDRESS **1492 CURRY FERRY RD**  
CITY-ST-ZIP **BONIFAY FL 32475**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **EVANS, GWENDOLYN**  
STREET ADDRESS **RT 1 BOX 050**  
CITY-ST-ZIP **WESTVILLE FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1969 Highway 2**  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **EVANS, HOMER A II**  
STREET ADDRESS **RT 2 BOX 910**  
CITY-ST-ZIP **GARYVILLE FL 32427**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1492 CURRY FERRY RD**  
CITY-ST-ZIP **Bonifay, Fl. 32425**TITLE **D** ☐ Delete  
NAME **D'ABOY, DAVID**  
STREET ADDRESS **1969 D'ABOY LN**  
CITY-ST-ZIP **WESTVILLE FL 32464**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GWENDOLYN EVANS****1-10-02 850-956-2621**

Date

Daytime Phone #

CR2E037 (9/01)