

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 738436

1. Entity Name
NEW HOPE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
1969 HIGHWAY 2
WESTVILLE, FL 32464

Mailing Address
1969 HIGHWAY 2
WESTVILLE, FL 32464

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP

CR2E037 (10/03)

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

EVANS, GWENDOLYN
1969 HWY 2
WESTVILLE, FL 32464

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHURCH, CALEB
STREET ADDRESS 1354 MT IDA RD
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE VP
NAME EVANS, HOMER A
STREET ADDRESS 1492 CURRY FERRY RD
CITY-ST-ZIP BONIFAY, FL 32475

TITLE ST
NAME EVANS, GWENDOLYN
STREET ADDRESS RT 1 BOX 356
CITY-ST-ZIP WESTVILLE, FL

TITLE D
NAME EVANS, HOMER A II
STREET ADDRESS RT 2 BOX 316
CITY-ST-ZIP CARYVILLE, FL 32427

TITLE D
NAME D'ABOY, DAVID
STREET ADDRESS 1969 D'ABOY LN
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000003476
01/13/04-80058-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

GWENDOLYN EVANS 1-8-04 8509562626