

**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
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, GWENDOLYN
1969 HWY 2
WESTVILLE, FL 32464

**DO NOT WRITE
IN THIS SPACE**

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 *Gwendolyn Evans* GWENDOLYN EVANS 1-8-04
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHURCH, CALEB 1354 MT IDA RD WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, HOMER A 1492 CURRY FERRY RD BONIFAY, FL 32475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVANS, GWENDOLYN RT 1 BOX 356 WESTVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, HOMER A II RT 2 BOX 316 CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ABOY, DAVID 1969 D'ABOY LN WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000003476
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)(0), 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: *Gwendolyn Evans* GWENDOLYN EVANS 1-8-04 8509562626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #