


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHURCH, CALEB	NAME	U000000204146 01/29/05-80060-002 61.25		
STREET ADDRESS	1354 MT IDA RD	STREET ADDRESS			
CITY-ST-ZIP	WESTVILLE FL 32464	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, HOMER A	NAME			
STREET ADDRESS	1492 CURRY FERRY RD	STREET ADDRESS			
CITY-ST-ZIP	BONIFAY FL 32475	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, GWENDOLYN	NAME			
STREET ADDRESS	RT 1 BOX 356	STREET ADDRESS			
CITY-ST-ZIP	WESTVILLE FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, HOMER A II	NAME			
STREET ADDRESS	RT 2 BOX 316	STREET ADDRESS			
CITY-ST-ZIP	CARYVILLE FL 32427	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'ABOY, DAVID	NAME			
STREET ADDRESS	1969 D'ABOY LN	STREET ADDRESS			
CITY-ST-ZIP	WESTVILLE FL 32464	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(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: _____ <i>Sec/TN</i> 1-27-05 850 956 2626					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					