

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90215 035 ****61.25

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

4. FEI Number **59-2891097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHURCH, CALEB	
STREET ADDRESS	1354 MT IDA RD	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, HOMER A	
STREET ADDRESS	1492 CURRY FERRY RD	
CITY-ST-ZIP	BONIFAY FL 32475	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EVANS, GWENDOLYN	
STREET ADDRESS	RT 1 BOX 356	
CITY-ST-ZIP	WESTVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, HOMER A II	
STREET ADDRESS	RT 2 BOX 316	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ABOY, DAVID	
STREET ADDRESS	1969 D'ABOY LN	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

GWENDOLYN EVANS 2-13-03 8509562626

CR2E037 (10/02)