

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

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90116 034 ****61.25

DOCUMENT # 739364

1. Entity Name

PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.



Principal Place of Business

**1150 S.W. MARTIN DOWNS BLVD.
P O BOX 5
PALM CITY FL 34990**

Mailing Address

**P.O. BOX 5
PALM CITY FL 34991
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City

4. FEI Number **59-1763744**

Applied For

Not Applicable

Zip

Country

Zip

Country

34991

MARTIN

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

**RANSEN, WILLIAM
3417 SW CORWELL AVE
PALM CITY FL 34990**

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

William R Ransen

7-1-03

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	RANSON, WILLIAM	
STREET ADDRESS	3417 SW CORWELL AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, LIONEL	
STREET ADDRESS	4560 S.W. OSCAR COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOETHEL, DOUG	
STREET ADDRESS	1804 SW GREGOR WAY	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *William R Ransen* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-03

772-215-3229

Date

Daytime Phone #

CR2E037 (4/03)