1/8/01-90

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-08-2001 90063 009 ****61.25

DOCUMENT # 741935

1. Entity Name

DESOTO CITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
6800 GEORGE BLVD WEST SEBRING FL 33872	P O BOX 653 SEBRING FL 33871-0653

DO NOT WRITE IN THIS SPACE

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 59-1838485 ☐ Applied For ☐ Not Applicable

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
VILLONE, JEFF 4801 GRANADA AVE SEBRING FL 33870	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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HALL, KELLIE		NAME	Brian Bradley	
STREET ADDRESS	113 LOQUAT RD NW		STREET ADDRESS	113 Loquat Rd NW, Lake Placid, FL	33852
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BARBER, TINA		NAME		
STREET ADDRESS	1303 TASESCHEE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	S/T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JULIANO, SUSAN		NAME		
STREET ADDRESS	6815 LAKSIDE DR W		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEBREE, JOE JR.		NAME		
STREET ADDRESS	4720 HOWARD ST		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VILLONE, JEFF		NAME		
STREET ADDRESS	4801 GRANADA AVE.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HENLEY, BEN		NAME		
STREET ADDRESS	PO BOX 653		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33871		CITY-ST-ZIP		

CR2E037 (10/00)

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: SIGNATURE REQUIRED Susan J Juliano 1/4/01 863/402-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #