

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


FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90052 042 ****61.25

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DOCUMENT # 747414

1. Entity Name
LLOYD VOLUNTEER FIRE RESCUE DEPARTMENT, INC.



Principal Place of Business: COUNTY ROAD 158, JENCTION 59, P. O. BOX 201, LLOYD FL 32337
Mailing Address: COUNTY ROAD 158, JENCTION 59, P. O. BOX 201, LLOYD FL 32337

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **59-2020189** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEINRICH, JERRY
4503 LLOYD ACRES ROAD
P O BOX 421 N/A
LLOYD FL 32337

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



CHECK HERE IF MAKING CHANGES

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: D NAME: WEINRICH, JERRY STREET ADDRESS: PO BOX 421 N/A CITY-ST-ZIP: LLOYD FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: FCD NAME: SCHAUBEL, WILLIAM STREET ADDRESS: PO BOX 176 CITY-ST-ZIP: LLOYD FL 32337	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TDS NAME: VANDERSLICE, SAMUEL STREET ADDRESS: P.O. BOX 304 N/A CITY-ST-ZIP: LLOYD FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: MCCORD, MILLIAN STREET ADDRESS: RR2 BOX 2408 CITY-ST-ZIP: MONTECELLO FL 32344	<input type="checkbox"/> Delete	TITLE: TO NAME: McCard, Millard STREET ADDRESS: 250 Morningshadow Lane CITY-ST-ZIP: Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NAHOOM, PAUL J STREET ADDRESS: P O BOX 85- LLOYD ROAD N/A CITY-ST-ZIP: LLOYD FL	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Jacquelyn Dupuis STREET ADDRESS: Rt. 5, Box 5452 CITY-ST-ZIP: Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PACE, NANCY STREET ADDRESS: P.O. BOX 378 CITY-ST-ZIP: LLOYD FL 32337	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Walter Edwards STREET ADDRESS: P.O. Box 8 CITY-ST-ZIP: Lloyd, FL 32337	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Millard McCard, Treas.* **7/8/03** **228-228-0099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (4/03)