

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90418 011 ****61.25

010321

DOCUMENT # 752933

1. Entity Name

SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED



Principal Place of Business

12711 HWY. 77
SOUTHPORT FL 32409-8113
US

Mailing Address

12711 HWY. 77
SOUTHPORT FL 32409-8113
US

2. Principal Place of Business

400 Joseph Circle
Suite, Apt. #, etc.

3. Mailing Address

400 Joseph Circle
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Southport, FL

City & State

Southport, FL

4. FEI Number 59-6000512

Applied For

Not Applicable

Zip

32409

Country

USA

Zip

32409

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, EDITHE S
13816 FIDDLERS GREEN RD
SOUTHPORT FL 32409-5147

7. Name and Address of New Registered Agent

Name: Jed, Andrea D
Street Address (P.O. Box Number is Not Acceptable): 400 Joseph Circle
City: Southport FL Zip Code: 32409

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

Andrea D. Jed

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
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	D	<input type="checkbox"/> Delete
NAME	JED, VICTOR	
STREET ADDRESS	400 JOSEPH CIR	
CITY-ST-ZIP	S PORT FL 32409	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLS, WANDA	
STREET ADDRESS	1932 CREAMER RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARP, DANETTE	
STREET ADDRESS	1932 CREAMER RD.	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLMAN, EDITH S	
STREET ADDRESS	13816 FIDDLERS GREEN RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrea D. Jed	
STREET ADDRESS	400 Joseph Circle	
CITY-ST-ZIP	Southport, FL, 32409	
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		

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 life empowers.

SIGNATURE:

Victoria R. Requena *Andrea D. Jed*

2/27/03

(850) 271-9695

CR2E037 (10/02)