

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90152 004 ****61.25

DOCUMENT # 758996

1. Entity Name

THE MADISON COUNTY VOLUNTEER FIREMAN, INC.



Principal Place of Business

**116 SW DADE ST
C/O RAYMOND PINKARD
MADISON FL 32340
US**

Mailing Address

**116 SW DADE ST
C/O RAYMOND PINKARD
MADISON FL 32340
US**

90031347



☐ CHECK HERE IF MAKING CHANGES

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 **59-2916292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUNTING, WILLIAM
116 SW DADE ST
MADISON FL 32340**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, THOMAS E	
STREET ADDRESS	204 NW 2ND PL	
CITY-ST-ZIP	MADISON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLANTON, ALLEN	
STREET ADDRESS	1002 SE BUNKER ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, HOWELL	
STREET ADDRESS	901 SE BUNKER STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, WILLIAM	
STREET ADDRESS	103 2ND PLACE	
CITY-ST-ZIP	MADISON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WYNO, FRANK	
STREET ADDRESS	116 SW DADE ST	
CITY-ST-ZIP	MADISON FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Ballenger	
STREET ADDRESS	RT. 4 Box 1928	
CITY-ST-ZIP	Madison, Fl.	
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		<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 like empowered.

SIGNATURE:

William Bunting

2/17/03

850 973 5061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)