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FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90181 008 ****61.25

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

FINANCE

90135593

DOCUMENT # 760571

1. Entity Name
LIBERTY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
3910 KING LAKE RD DEFUNIAK SPGS, FL 32433 US	7645 US HWY 331 N DEFUNIAK SPRINGS, FL 32433 US

☐ 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 59-2403781 ☐ 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
HAGAN, JAMES M 7645 HWY 331 N DEFUNIAK SPGS, FL 32433	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's 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STILES, JAMES 237 MARTHA LANE DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNA DUNHAM 285 KINGS LAKE Road DEFUNIAK SPS FL 32433 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGER, ROY 366 PARADISE ISLAND DR DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAGAN, JAMES 7645 HYW 331 N DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, RONALD 883 PARADISE ISLAND DR DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCK, WALLY 366 PARADISE ISLAND DR DEFUNIAK SPRINGS, FL 32433 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNHAM, JOHN 285 KINGS LAKE ROAD DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIVENS, PHIL 3 KING LAKE BLVD DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: James M Hagan S/T James M Hagan 4/28/03 850 892 2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #