

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90083 029 ****61.25

DOCUMENT # 762373

1. Entity Name

DORCAS FIRE DISTRICT, INC.

Principal Place of Business

Mailing Address

5871 HWY 393
 CRESTVIEW FL 32539
 US

5871 HWY 393
 CRESTVIEW FL 32539-8246
 US

00010922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2367539

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name **JIMMY E GATLIN**

Street Address (P.O. Box Number is Not Acceptable)

4408 POVERTY CREEK ROAD

City **Crestview**

FL

Zip Code **32539**

WARD, CHARLES D
4171 LAKEVIEW DRIVE
CRESTVIEW FL 32539

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

Jimmy E Gath **Treasurer**

01/15/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
LEE 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

TITLE NAME	C WARD, CHARLES D	<input type="checkbox"/> Delete
STREET ADDRESS	4171 LAKEVIEW DR	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE NAME	T MCCALLUM, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	5599 HIGHWAY 393	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE NAME	T CREWS, CURTIS E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4017 BEAR CREEK RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE NAME	S BOWDEN, DANIEL J	<input type="checkbox"/> Delete
STREET ADDRESS	4343 JACK POWELL RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE NAME	D JURECZKI, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	5612 MOUNT OLIVE RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D McCallum, Jerry	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS	5599 Highway 393	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE NAME	T GATLIN, Jimmy E	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
STREET ADDRESS	4408 Poverty Creek Rd	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/>
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

Jimmy E Gath **Treasurer**

01/15/2000

850-682-3704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #