

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90040 034 ****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
 US

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

59-2367539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATLIN, JIMMY
4408 POVERTY CREEK
CRESTVIEW FL 32539

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | WARD, CHARLES D | |
| STREET ADDRESS | 4171 LAKEVIEW DR | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCALLUM, JERRY | |
| STREET ADDRESS | 5599 HIGHWAY 393 | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GATLIN, JIMMY E | |
| STREET ADDRESS | 4408 POVERTY CREEK RD | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WARD, LARRY | |
| STREET ADDRESS | 4385 JACK POWELL RD | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, JAMES | |
| STREET ADDRESS | 4238 COUNTRY BREEZE LANE | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy E Gatlin
JIMMY E GATLIN

01/06/2002
 Date

850/865-6786
 Daytime Phone #

CR2E037 (9/01)