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

FILED
Aug 21, 2003 8:00 am
Secretary of State
08-21-2003 90113 025 ****61.25

DOCUMENT # **764719**

1. Entity Name
JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
12761 HWY. 89 PO BOX 512 JAY FL 32565	12761 HWY. 89 PO BOX 512 JAY FL 32565

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6014155** ☐ 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
WESTMORELAND, J. LOFTON 800 CAROLINE ST MILTON FL 32570	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 After September 10, 2003, min will be $236.25	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	PD EDAWARDS, ALON 2800 NELSONTOWN RD JAY FL 32565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mark Lefore VP 3874 Ebenezer Rd Jay Fl 32565	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COZART, TONY 3775 GREENWOODL LRDL JAY FL 32565	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cozart Tony 3775 Greenwood Rd Jay Fl 32565	☒ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDFINGER, PHILLIP 4067 HWY 4 APT B JAY FL 32565	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDfinger Phillip 6750 Logan Lane Jay Fl 32565	☒ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COZART, NELDA 3375 GREEN WOOD RD JAY FL 32565	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Gregg Odom 5223 Pitnic Rd Jay Fl 32565	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTWELL, BILLY 3600 GREENWOOD RD JAY FL 32565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Cozart 3795 Greenwood Rd Jay Fl 32565	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAWN, JARRELL HWY 89 JAY FL 32565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe McCurdy 15303 Hiway 89 Jay Fl 32565	☐ Change ☑ Addition

CR2E037 (4/03)

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: [illegible signature] 8-18-03 850-675-6419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #