


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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90134 009 ****61.25

DOCUMENT # N07634

1. Entity Name
WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.



Principal Place of Business
**2820 COASTAR HWY.
CRAWFORDVILLE FL 32327
US**

Mailing Address
**2820 COASTAL HWY.
CRAWFORDVILLE FL 32327
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2820 COASTAL HWY
Suite, Apt. #, etc.

City & State
City & State
CRAWFORDVILLE FL

Zip Country
32327 WAKULLA

4. FEI Number **59-2493286**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOVE, RAYMOND
18 LAKEWOOD DR
PANACEA FL 32346**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	JACOBS, HANK	
STREET ADDRESS	3612 COASTAL HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIGOTT, STEVE	
STREET ADDRESS	2820 COASTAL HWY.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSHTON, DAZE	
STREET ADDRESS	100 MUNICIPLE AVE	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWHORN, MIKE	
STREET ADDRESS	1448 SHELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'GRADY, MIKE	
STREET ADDRESS	3083 SHADEVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: **STEPHEN E. PIGOTT** 4-23-2003 850-926-5102

CR2E037 (10/02)