


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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90076 016 \*\*\*\*61.25

**DOCUMENT # N45869**

1. Entity Name  
**TRI-VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business      Mailing Address

**13837 HIGHWAY 20 W  
NICEVILLE FL 32578**      **13837 HIGHWAY 20 W  
NICEVILLE FL 32578**

**90016535**



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 **23-7375277-**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOWE, VERNON C.  
13837 HIGHWAY 20 W  
NICEVILLE FL 32578**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENGSTROM, HALE G</b>	
STREET ADDRESS	<b>147 WESTERN ST</b>	
CITY-ST-ZIP	<b>FREESPORT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOWE, VERNON C</b>	
STREET ADDRESS	<b>69 HICKORY ST</b>	
CITY-ST-ZIP	<b>FREESPORT FL 32439</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOUSIGNANT, PETER E</b>	
STREET ADDRESS	<b>13792 HIGHWAY 20, LOT #B</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mitchell, John G.</b>	
STREET ADDRESS	<b>21 Gne Court West</b>	
CITY-ST-ZIP	<b>Freeport, FL 32439</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Owezarski, Gregg J.</b>	
STREET ADDRESS	<b>107 Kathy Lane East</b>	
CITY-ST-ZIP	<b>Freeport, FL 32439</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Drouhard, Edward L.</b>	
STREET ADDRESS	<b>13869 Highway 20 W.</b>	
CITY-ST-ZIP	<b>Niceville, FL 32578</b>	

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: *Vernon C Thowe*      **SIGNATURE REQUIRED**      29 JAN 03      050 897 3222

CR2E037 (10/02)