FILED

**2001 UNIFORM BUSINESS REPORT (UBR)** 

## Jul 18, 2001 8:00 am DOCUMENT # N9300000387 **Secrétary of State** 07-18-2001 90006 026 \*\*\*\*61.25 HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION Principal Place of Business Mailing Address 107 E VIRGINIA AVENUE 107 E VIRGINIA AVENUE BONIFAY FL 32425 **BONIFAY FL 32425** 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3472194 Not Applicable Country 11.5 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRESCOTT, REBECCA D 1654 SAMSON HIGHWAY WESTVILLE FL 32464 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 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE Addition PRESCOTT, REBECCA D NAME NAME STREET ADDRESS 1654 SAMSON HIGHWAY STREET ADDRESS BON1FAY, 71.32425 CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change CRUTCHFIELD, DEWEY NAME NAME 1654 SAMSON High way STREET ADDRESS RT 2, BOX 325 STREET ADDRESS Westville, 71,32464 CITY-ST-ZIP CARYVILLE FL 32427 CITY-ST-ZIP SECRATAPY Addition ☐ Change TITLE Delete TITLE PROSCOTT SANSON HIGHWAY **EVANS, GWENDOLYN** NAME NAME STREET ADDRESS **1969 HIGHWAY 2** STREET ADDRESS estu:11e,71.32464 CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP TREASURER Iddle BROOKS Delete TITLE TITLE ☐ Change ∠ Addition MIDDLEBROOKS, FUDGIE NAME N. WANKESLAST. STREET ADDRESS RT 3, BOX 10 STREET ADDRESS 71.32425 CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 32425** BOARD MENSER AT-LARGE-Change TITLE DTR Delete TITLE Addition HOOD, DONNIE NAME NAME STREET ADDRESS STREET ADDRESS RT 2, BOX 292 L CITY-ST-ZIP **BONIFAY FL 32425** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: