2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90636 043 ****61.25

DOCUMENT # N93000000387

1. Entity Name

HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION , INCORPORATED

Principal Place of Business	Mailing Address
107 E VIRGINIA AVENUE BONIFAY FL 32425 US	107 E VIRGINIA AVENUE BONIFAY FL 32425 US

DO NOT WRITE IN THIS SPACE

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 59-3472194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OUTLER, JAMES E
2333 SWEETGUM DRIVE
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name: Dewey Crutchfield
Street Address (P.O. Box Number is Not Acceptable): 1553 Hwy 179
City: Bonifay **FL** Zip Code: 32425

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: Dewey Crutchfield Dewey Crutchfield SD 4-20-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESCOTT, REBECCA D 1654 SAMSON HIGHWAY WESTVILLE FL 32464	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Peter McMillan 1580 Hwy 90 Ponce De Leon, FL 32455	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CRUTCHFIELD, DEWEY RT 2, BOX 325 CARYVILLE FL 32427	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jerry Hall 2062 Hwy 179 Bonifay, FL 32425	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVANS, GWENDOLYN 1969 HIGHWAY 2 WESTVILLE FL 32464	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dewey Crutchfield 1553 Hwy 179 Bonifay, FL 32425	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MIDDLEBROOKS, FUDGIE RT 3, BOX 10 BONIFAY FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTR HOOD, DONNIE RT 2, BOX 292 L BONIFAY FL 32425	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Dewey Crutchfield SIGNATURE REQUIRED Dewey Crutchfield 4-20-02 1888814 7089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #