

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91107 049 ****61.25

DOCUMENT # N93000000387

1. Entity Name

**HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION
, INCORPORATED**



Principal Place of Business

**107 E VIRGINIA AVENUE
BONIFAY FL 32425
US**

Mailing Address

**107 E VIRGINIA AVENUE
BONIFAY FL 32425
US**

2. Principal Place of Business

3. Mailing Address

1969 Hwy. 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Westville FL

Zip

Country

Zip

Country

32464 HOLMES

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

7. Name and Address of New Registered Agent

**CRUTCHFIELD, DEWEY
1553 HWY 179
BONIFAY FL 32425**

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

Dewey Crutchfield

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-15-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MCMILLAN, PETER**
STREET ADDRESS **1580 HWY 90**
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GWENDOLYN EVANS**
STREET ADDRESS **1969 HIGHWAY 2**
CITY-ST-ZIP **WESTVILLE, FL 32464**

TITLE **DV** ☐ Delete
NAME **CRUTCHFIELD, DEWEY**
STREET ADDRESS **RT 2, BOX 325**
CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HALL, JERRY**
STREET ADDRESS **2062 HWY 179**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MIDDLEBROOKS, FUDGIE**
STREET ADDRESS **RT 3, BOX 10**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **VAUGHN BANKS**
STREET ADDRESS **P.O. BOX 14**
CITY-ST-ZIP **WESTVILLE, FL 32464**

TITLE **SD** ☒ Delete
NAME **CRUTCHFIELD, DEWEY**
STREET ADDRESS **1553 HWY 179**
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **GWENDOLYN EVANS**
STREET ADDRESS **1969 HWY. 2**
CITY-ST-ZIP **WESTVILLE, FL 32464**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GWENDOLYN EVANS
GWENDOLYN EVANS
President

03-15-03 850-956-2813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)