2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # **N9600005999** 1. Entity Name BELLVILLE VOLUNTEER FIRE/RESCUE, INC. 04-18-2002 90346 016 ****61.25 Principal Place of Business Mailing Address 1571 N.W. CO RD., #145 % DARLENE M. GIST JENNINGS FL 32053 2702 N.W. 22ND BLVD JENNINGS FL 32053 3. Mailing Address 2. Principal Place of Business 1571 N.W. CR 145 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3459856 JENNINGS, FL31. Not Applicable Country Country \$8.75 Additional 32053 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCCORMICK, JOHN H ~ 403 SECOND ST NW JASPER FL 32052 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD PD X Delete TITLE TITLE WILLIAMS, WOODROW NAME NAME ZANDERS, MCARTHUR STREET ADDRESS 3469 N.W. 26TH WAY STREET ADDRESS RT. 2 BOX 192 CITY-ST-ZIP CITY-ST-ZIP JENNINGS FL 32053 JENNINGS, FL 32053 Addition ☐ Change TITLE ☐ Delete TITLE D COFFEE, EARTHA NAME NAME AGNES FIELDS 2662 N.W. 6TH DRIVE STREET ADDRESS STREET ADDRESS 2301 N.W. 21ST AVE. CITY-ST-ZIE CITY-ST-ZIP JENNINGS FL 32053 JENNINGS, FL 32053 X Addition 🔀 Delete Change TITLE TITLE FLORIDA CORBETT GIST, DARLENE M NAME NAME 2702.NW.22ND.BLVD STREET ADDRESS STREET ADDRESS 2968_N.W. 22ND_BLVD. CITY-ST-ZIP CITY-ST-7IP Jennings FL 32053 <u>JENNINGS, FL 32053</u> vpd Change ☐ Addition TITLE Detete TITLE ZANDERS, MCARTHUR NAME NAME STREET ADDRESS RT 2 BOX 192 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jennings FL 32053 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED