

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90061 046 ****61.25

DOCUMENT # N97000000242

1. Entity Name

WESCONNETT VOLUNTEER FIREFIGHTERS ASSOCIATION IN

Principal Place of Business

5423 MANOR DR
 JACKSONVILLE FL 32244

Mailing Address

PO BOX 7028
 JACKSONVILLE FL 32238

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

LAMBERT, NORMAND
5963 SONORA DR W
JACKSONVILLE FL 32244

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.

SIGNATURE

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | LAMBERT, NORMAND A | |
| STREET ADDRESS | 5963 SONORA DR W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BEATY, DENNIS | |
| STREET ADDRESS | 6517 ALINE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JEAN, DANIEL | |
| STREET ADDRESS | 5972 BLACKTHORN RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PARKHURST, JAMES | |
| STREET ADDRESS | 8433 PINE VERDE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| 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 | | <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 | | |

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: *Normand A. Lambert* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 01-08-01 DATE
 DAYTIME PHONE: 771-5218 DAYTIME PHONE #

0012839
 CR2E037 (10/00)