

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90080 016 ****61.25

DOCUMENT # N97000004702

1. Entity Name

STATION 32 AUXILIARY FIRE DEPARTMENT, INC.



Principal Place of Business

**185 SOUTH THIRD STREET
EAGLE LAKE FL 33839**

Mailing Address

**POST OFFICE BOX 1240
EAGLE LAKE FL 33839**

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 1235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EAGLE LAKE, FL

Zip

Country

Zip

Country

33839

4. FEI Number **59-3478235**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KEHOE, FRANK
111 REAM ROAD
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KEHOE, FRANK**
STREET ADDRESS **111 REAM RD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **VP** ☐ Delete
NAME **CRISS, RICHARD**
STREET ADDRESS **265 2ND ST S**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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

TITLE **ST** ☐ Delete
NAME **CRISS, MICHELLE**
STREET ADDRESS **265 2ND ST S**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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

TITLE **D** ☐ Delete
NAME **SEDGWICK, LINDA**
STREET ADDRESS **55 DALE DR**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **D** ☐ Delete
NAME **STOELTON, TERRY**
STREET ADDRESS **675 EAST CENTRAL AVENUE**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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

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:

SIGNATURE REQUIRED

03.09.03

863.295-5173

CR2E037 (10/02)