

**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

UBR/2003

**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

**EAGLE LAKE, FL**

4. FEI Number **59-3478235**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33839**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEHOE, FRANK</b>	NAME	
STREET ADDRESS	<b>111 REAM RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISS, RICHARD</b>	NAME	
STREET ADDRESS	<b>265 2ND ST S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EAGLE LAKE FL 33839</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISS, MICHELLE</b>	NAME	
STREET ADDRESS	<b>265 2ND ST S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EAGLE LAKE FL 33839</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEDGWICK, LINDA</b>	NAME	
STREET ADDRESS	<b>55 DALE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOELTON, TERRY</b>	NAME	
STREET ADDRESS	<b>675 EAST CENTRAL AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EAGLE LAKE FL 33839</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)