

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90230 008 ****61.25

0084036

DOCUMENT # N97000006090

1. Entity Name

O'BRIEN VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.



Principal Place of Business

**10121 CR 349
O'BRIEN FL 32071**

Mailing Address

**P.O. BOX 35
O'BRIEN FL 32071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3510649**

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

**HUMPHRIES, HARRIETTE W
22677 93RD DRIVE
O'BRIEN FL 32071**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

22817 93rd Drive

City **Same**

FL

Zip Code **Same**

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 **VD** ☐ Delete
NAME **CURRY, HAROLD**
STREET ADDRESS **23013-93RD DRIVE**
CITY-ST-ZIP **O'BRIEN FL 32071**

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

TITLE **PD** ☐ Delete
NAME **HUMPHRIES, GEFREY**
STREET ADDRESS **22677 - 93RD DRIVE**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **Same** ☒ Change ☐ Addition
NAME **22817 93rd Drive**
STREET ADDRESS **Same**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete
NAME **REEVE, TRAE**
STREET ADDRESS **19645 N CR 349**
CITY-ST-ZIP **O BRIEN FL 32071**

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

TITLE **D** ☐ Delete
NAME **HUMPHRIES, HARRIETTE**
STREET ADDRESS **22677 93RD DRIVE**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **Same** ☒ Change ☐ Addition
NAME **22817 93rd Drive**
STREET ADDRESS **Same**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **MATTHEWS, FAYE**
STREET ADDRESS **9730 222 LANE**
CITY-ST-ZIP **O'BRIEN FL 32071**

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

TITLE **TD** ☒ Delete
NAME **MOWRER, JASON**
STREET ADDRESS **23492 US 129**
CITY-ST-ZIP **O BRIEN FL 32071**

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

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:

Harriette W. Humphries **4/29/03 (386)**
935-2926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)