

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


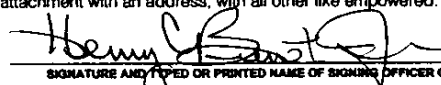
**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90045 013 \*\*\*\*61.25

**40011764**



01272007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 710869</b>			
1. Entity Name <b>BAGDAD VOLUNTEER FIRE DEPARTMENT, INC.</b>			
Principal Place of Business 7043 OAK STREET P.O. BOX 105 BAGDAD, FL 32530 US		Mailing Address 7043 OAK STREET P.O. BOX 105 BAGDAD, FL 32530 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1619136</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNLAP, BRENDA 4600 CHURCH STREET BAGDAD, FL 32530		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSBY, FRANK 4420 WOODVILLE RD MILTON, FL 32683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAY KID 712 GARCON PT. RD MILTON, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, CLAUDE JR 4600 CHURCH ST. BAGDAD, FL 32530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, LARRY 5181 BRANDYWOOD ST MILTON, FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Henry C. Brewton Jr 4899 Makenna Circle PACE FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNLAP, BRENDA 4600 CHURCH ST. BAGDAD, FL 32530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARK 5387 BROAD ST MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAM DUNLAP 4536 CHURCH ST. BAGDAD FL. 32530 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <b>1-27-07</b> Daytime Phone #: <b>850-723-0567</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	