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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714420 (7)

1. Corporation Name

BAKER FIRE DISTRICT, INCORPORATED

Principal Place of Business

MONROE STREET
P. O. BOX 101
BAKER FL 32531

Mailing Address

MONROE STREET
P. O. BOX 101
BAKER FL 32531-0101



3. Date Incorporated or Qualified **04/10/1968** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2775303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRUHN, WILLIAM H.
GEORGIA AVENUE
BAKER FL 32531-7304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIS, RALPH A.	
STREET ADDRESS	5867 HWY. 4 WEST	
CITY-ST-ZIP	BAKER, FL 00000	

TITLE	PC	<input type="checkbox"/> DELETE
NAME	PAUL, GARY J	
STREET ADDRESS	1345 VINCEBT RAY ROAD	
CITY-ST-ZIP	BAKER, FL 00000	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, JAMES M.	
STREET ADDRESS	5265 DODSON ROAD	
CITY-ST-ZIP	HOLT FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUHN, WILLIAM H.	
STREET ADDRESS	P. O. BOX 304, GEORGIA AVE. N/A	
CITY-ST-ZIP	BAKER, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELANSON, WILLIAM A.	
STREET ADDRESS	1431 GREEN WOOD ROAD	
CITY-ST-ZIP	BAKER FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32531

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRAWFORD, RODNEY E.
2.3 STREET ADDRESS	5294 STELL ROAD
2.4 CITY-ST-ZIP	BAKER, FL 32531

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAWFORD, RODNEY E.
3.3 STREET ADDRESS	5294 STELL ROAD
3.4 CITY-ST-ZIP	BAKER, FL 32531

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32531

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32531

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

[Signature]

CP2E037 (9/96)