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Mar 03 1998 8:00am
Secretary of State

NONPROFIT,
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714420 (7)

1. Corporation Name

BAKER FIRE DISTRICT, INCORPORATED

Principal Place of Business

Mailing Address

MONROE STREET
P. O. BOX 101
BAKER FL 32531

MONROE STREET
P. O. BOX 101
BAKER FL 32531

3. Date Incorporated or Qualified

04/10/1968

4. FEI Number

59-2775303

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

NA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ELLIS, RALPH A.
5867 HWY. 4 WEST
BAKER FL 32631

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PC
PAUL, GARY J
1345 VINCEBT RAY ROAD
BAKER, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CRAWFORD, RODNEY E
5294 STUCK RD
BAKER FL 32531

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BRUHN, WILLIAM H.
P. O. BOX 304, GEORGIA AVE. N/A
BAKER FL 32531

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MELANSON, WILLIAM A.
1431 GREEN WOOD ROAD
BAKER FL 32531

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
JAMES M. PAUL
5625 DODSON RD
HOLT, FL 32564

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
SD
PAUL, JAMES M.
5625 DODSON RD.
HOLT, FL 32564

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
BRUHN, WILLIAM H.
P.O. BOX 304 GEORGIA AVE. N/A
BAKER, FL 32531

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
MELANSON, WILLIAM A.
1431 GREENWOOD ROAD
BAKER, FL 32531

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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: RALPH A. ELLIS

37631998 850-5379191

CR25037 (10/97)