

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90008 024 \*\*\*\*61.25

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**DOCUMENT # 714420**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**04/10/1968**

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

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** ☐ DELETE  
NAME **ELLIS, RALPH A.**  
STREET ADDRESS **5867 HWY. 4 WEST**  
CITY-ST-ZIP **BAKER FL 32631**

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

TITLE **SD** ☐ DELETE  
NAME **PAUL, JAMES M**  
STREET ADDRESS **5625 DODSON RD**  
CITY-ST-ZIP **HOLT FL 82564**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D JAMES B. CARA III**  
5.3 STREET ADDRESS **1120 NOBIE MEADLEY LN.**  
5.4 CITY-ST-ZIP **BAKER, FL 32531**

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: **Ralph A. Ellis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/19/1999 850-537-9191**

Date

Daytime Phone #

CR2E037 (11/98)