FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # **726600** **(0)**

1. Corporation Name

BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
9041 HIGHWAY 2301 PO BOX 1101 YOUNGSTOWN FL 32466-1101	9041 HIGHWAY 2301 PO BOX 1101 YOUNGSTOWN FL 32466-1101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1973
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3031340 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9041 HWY 2301	26 P O BOX 1101
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 YOUNGSTOWN, FL.	City & State 28 YOUNGSTOWN, FL
Zip 24 32466 Country 25 BAY	Zip 29 32466 Country 30 BAY

9. Name and Address of Current Registered Agent

SERPAS, FRANK E
6315 AMMONS LANE
YOUNGSTOWN FL 32466

10. Name and Address of New Registered Agent

31 Name: FRANK E. SERPAS, CHIEF
32 Street Address (P.O. Box Number is Not Acceptable)
33: 6315 - AMMONS LANE
34 City: YOUNGSTOWN FL 35 Zip Code: 32466

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Frank E Serpas — CHIEF — 3-8-95
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	ST	11 TITLE	PRESIDENT - D	☑ Change ☐ Addition
NAME	EVERLY, RAE	12 NAME	WM. E. OSMER, JR.	
STREET ADDRESS	7917 HWY 2301	13 STREET ADDRESS	8527 - KLONDYKE RD.	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE	PBOD	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	OSMER, WILLIAME	22 NAME	RUSSELL PATE	
STREET ADDRESS	8527 KLONDYKE RD	23 STREET ADDRESS	8535 - JOHN PITTS	
CITY-ST-ZIP	YOUNGSTOWN FL	24 CITY-ST-ZIP	PANAMA CITY, FL 32407	
TITLE	V	31 TITLE	TREASURER	☑ Change ☐ Addition
NAME	RAY, PAOLA A	32 NAME	RAY EVERLY	
STREET ADDRESS	7929 CAMPFLOWERS RD	33 STREET ADDRESS	7917 - HWY 0301	
CITY-ST-ZIP	YOUNGSTOWN FL	34 CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE	BOD	41 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BUHRKE, LEONARDT	42 NAME	SUSAN M. GELTZ	
STREET ADDRESS	7225 CAMPFLOWERS RD	43 STREET ADDRESS	P.O. BOX 1157 - 4908 MAGNOLIA	
CITY-ST-ZIP	YOUNGSTOWN FL	44 CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE	BOD	51 TITLE	B.O.D. - D.	☑ Change ☐ Addition
NAME	HARRELL, CHAD	52 NAME	LEONHARDT, BUHRKE	
STREET ADDRESS	1719 POSTON DR	53 STREET ADDRESS	7225 - CAMPFLOWERS	
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE		61 TITLE	B. O. D. - D.	☑ Change ☐ Addition
NAME		62 NAME	JOHN ANDERSON	
STREET ADDRESS		63 STREET ADDRESS	6806 OAKENSHAW	
CITY-ST-ZIP		64 CITY-ST-ZIP	YOUNGSTOWN, FL 32466	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan M. Geltz — 3/8/95 — 904/722-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000000