


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 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 # 726600 (0) 1. Corporation Name BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 9041 HIGHWAY 2301 YOUNGSTOWN FL 32466 US			Mailing Address 9041 HIGHWAY 2301 YOUNGSTOWN FL 32466 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1973	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3031340	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	
				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 VP <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME HIX, RIK			1.2 NAME V James M. Harrington Jr.		
STREET ADDRESS 8515 JOHN PITTS RD			1.3 STREET ADDRESS 8638 E. Bayhead Ct.		
CITY-ST-ZIP PANAMA CITY FL			1.4 CITY-ST-ZIP Youngstown, FL 32466		
TITLE PD <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME OSMER, WILLIAM			2.2 NAME		
STREET ADDRESS 8527 KLONDYKE RD			2.3 STREET ADDRESS		
CITY-ST-ZIP YOUNGSTOWN FL			2.4 CITY-ST-ZIP		
TITLE S <input checked="" type="checkbox"/> DELETE			3.1 TITLE S Youngstown, FL 32466 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME COLLIER, DEBBIE			3.2 NAME		
STREET ADDRESS 6337 ROOK DR			3.3 STREET ADDRESS Bryant, Christopher A.		
CITY-ST-ZIP YOUNGSTOWN FL			3.4 CITY-ST-ZIP 9300 Lake Forest Dr.		
TITLE T <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BUHRKE, CONNIE			4.2 NAME		
STREET ADDRESS 7225 CAMPFLOWERS ROAD			4.3 STREET ADDRESS		
CITY-ST-ZIP YOUNGSTOWN FL			4.4 CITY-ST-ZIP		
TITLE BOD <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BUHRKE, LEONHARDT			5.2 NAME		
STREET ADDRESS 7225 CAMPFLOWERS			5.3 STREET ADDRESS		
CITY-ST-ZIP YOUNGSTOWN FL			5.4 CITY-ST-ZIP		
TITLE BOD <input checked="" type="checkbox"/> DELETE			6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ANDERSON, JOHN			6.2 NAME Billy H. Writch Jr.		
STREET ADDRESS 6806 OAKENSHAW			6.3 STREET ADDRESS 3107 Amanda Circle		
CITY-ST-ZIP YOUNGSTOWN FL			6.4 CITY-ST-ZIP Panama City, FL 32404		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Osmer Jr* *1-7-98* *1-904-235-5276*

CR2E037 (10/97)