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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 726600

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/04/1973

22 City & State

27 City & State

4. FEI Number
59-3031340

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERPAS, FRANK E
6315 AMMONS LANE
YOUNGSTOWN FL 32466

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 V ☐ DELETE
NAME HARRINGTON, JAMES M JR
STREET ADDRESS 8638 E BAYHEAD CT
CITY-ST-ZIP YOUNGSTOWN FL 32466

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

TITLE PD ☐ DELETE
NAME OSMER, WILLIAME
STREET ADDRESS 8527 KLONDYKE RD
CITY-ST-ZIP YOUNGSTOWN FL

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

TITLE S ☐ DELETE
NAME BRYANT, CHRISTOPHER A
STREET ADDRESS 9300 LAKE FOREST DR
CITY-ST-ZIP YOUNGSTOWN FL 32466

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

TITLE T ☐ DELETE
NAME BUHRKE, CONNIE
STREET ADDRESS 7225 CAMPFLOWERS ROAD
CITY-ST-ZIP YOUNGSTOWN FL

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

TITLE BOD ☐ DELETE
NAME BUHRKE, LEONHARDT
STREET ADDRESS 7225 CAMPFLOWERS
CITY-ST-ZIP YOUNGSTOWN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WRITCH, BILLY H JR
STREET ADDRESS 3107 AMANDA CIR
CITY-ST-ZIP PANAMA CITY FL 32404

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99

722-9762

CR2E037 (11/98)