

DOCUMENT # 726600

1. Entity Name
BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business
9041 HIGHWAY 2301
YOUNGSTOWN FL 32466
US

see new address

Mailing Address
9041 HIGHWAY 2301
YOUNGSTOWN FL 32466
US

2. Principal Place of Business
9033 Highway 2301
Suite, Apt. #, etc.

3. Mailing Address
9033 Highway 2301
Suite, Apt. #, etc.

City & State
Youngstown Fl. US

Zip
32466

Country
Bay

6. Name and Address of Current Registered Agent
BUHRKE, LEONHARDT C
7225 CAMPFLOWERS RD
YOUNGSTOWN FL 32466

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90052 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Leonhardt C. Buhrke* Board of Directors 1-4-01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JAMES M JR		NAME		
STREET ADDRESS	8638 E BAYHEAD CT		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMER, WILLIAM E		NAME		
STREET ADDRESS	8527 KLONDYKE RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, CHRISTOPHER A		NAME	LAWRENCE OSMER JR.	
STREET ADDRESS	9300 LAKE FOREST DR		STREET ADDRESS	8527 KLONDYKE RD	
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHRKE, CONNIE		NAME		
STREET ADDRESS	7225 CAMPFLOWERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHRKE, LEONHARDT		NAME		
STREET ADDRESS	7225 CAMPFLOWERS		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRITCH, BILLY H JR		NAME	CHARLIE SCHULTZ	
STREET ADDRESS	3107 AMANDA CIR		STREET ADDRESS	10248 HWY 231	
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP	Panama City, FL 32404	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonhardt C. Buhrke* 1-4-01 850-722-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #