

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 736928

(3)

1. Corporation Name

APALACHEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

1448 SHELL PT RD  
CRAWFORDVILLE FL 32327  
US

1448 SHELL PT RD  
CRAWFORDVILLE FL 32327  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JACQUES, JEFFREY M.  
TILMAN, TOM  
1448 SHELL PT RD  
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

09/29/1976

4. FEI Number

59-2503586

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name JACQUES, JEFFREY M.

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

1448 SHELL PT. ROAD

83

84 City

Crawfordville

FL

85 Zip Code

32327

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LOWHORN, MICHAEL

STREET ADDRESS 1448 SHELL PT. RD.

CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VP ☒ DELETE

NAME MASLAR, KAY

STREET ADDRESS 1448 SHELL PT. RD.

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☒ DELETE

NAME CAMPBELL, GAIL

STREET ADDRESS 121 ROYSTER DR

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE T ☐ DELETE

NAME JACQUES, JEFFREY M

STREET ADDRESS 1448 SHELL PT RD

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE P ☒ DELETE

NAME TILMAN, TOM

STREET ADDRESS 1448 SHELL PT. RD.

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE S ☐ DELETE

NAME RURYK, SARAH

STREET ADDRESS 97 W PT DR

CITY-ST-ZIP CRAWFORDVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME FLOWERS, Della

1.3 STREET ADDRESS 74 Ocean View Dr.

1.4 CITY-ST-ZIP Crawfordville, FL 32327

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME BLANCHARD, Joe

2.3 STREET ADDRESS 1448 SHELL PT RD.

2.4 CITY-ST-ZIP CRAWFORDVILLE FL

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME MINNELLY, RAYANNE

3.3 STREET ADDRESS 1448 SHELL PT. RD.

3.4 CITY-ST-ZIP CRAWFORDVILLE FL

4.1 TITLE PRESIDENT ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME RIDNER, JACK

5.3 STREET ADDRESS 1448 SHELL PT. ROAD

5.4 CITY-ST-ZIP CRAWFORDVILLE, FL

6.1 TITLE 500 ☐ Change ☒ Addition

6.2 NAME JOHANNISSON, FRANK

6.3 STREET ADDRESS 1448 SHELL PT. RD.

6.4 CITY-ST-ZIP CRAWFORDVILLE, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/98

860  
926-8381

CR2E037 (5/98)

FILED  
Oct 14 1998 8:00am  
Secretary of State

