

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 042 ****61.25

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DOCUMENT # 736928

1. Corporation Name

APALACHEE BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1448 SHELL PT RD
CRAWFORDVILLE FL 32327
US

Mailing Address

1448 SHELL PT RD
CRAWFORDVILLE FL 32327
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

JACQUES, JEFFREY M
1448 SHELL PT ROAD
CRAWFORDVILLE FL 32327

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

TITLE ☐ DELETE

NAME LOWHORN, MICHAEL
STREET ADDRESS 1448 SHELL PT. RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME BLANCHARD, JOE
STREET ADDRESS 1448 SHELL PT RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ DELETE

NAME MANELY, RAYANNE
STREET ADDRESS 1448 SHELL PT RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ DELETE

NAME JACQUES, JEFFREY M
STREET ADDRESS 1448 SHELL PT RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ DELETE

NAME RIDNER, JACK
STREET ADDRESS 1448 SHELL PT. RD.
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☒ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Johannisohn, Frank W.
15 Pebble Court
Crawfordville, FL 32327

T
Flowers, Della H.
74 Ocean View Dr.
Crawfordville, FL 32327

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: *Della H. Flowers* **SIGNATURE REQUIRED** *Della H. Flowers* 1/10/99 926-5804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)