

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 011 ****61.25

DOCUMENT # 736928

1. Entity Name

**APALACHEE BAY VOLUNTEER FIRE & RESCUE
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**MIDDLETON, PATRICIA A
1448 SHELL POINT ROAD
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name **Georeen Busch**
Street Address (P.O. Box Number is Not Acceptable)
1448 SHELL POINT Rd
City **CRAWFORDVILLE** FL Zip Code **32327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Georeen Busch

Signature, typed or printed name of registered agent and title if applicable

Georeen Busch

(NOTE: Registered Agent signature required when reinstating)

1-28-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAMPBELL, JODY**
STREET ADDRESS **1448 SHELL PT. RD.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **SD** ☐ Delete
NAME **TILLMAN, MARYANNE**
STREET ADDRESS **1448 SHELL POINT ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **TD** ☒ Delete
NAME **MIDDLETON, PATRICIA A**
STREET ADDRESS **1448 SHELL PT RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **D** ☐ Delete
NAME **SCHULZ, NELL**
STREET ADDRESS **1448 SHELL PT RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **PD** ☐ Delete
NAME **WATERS, MAE**
STREET ADDRESS **1448 SHELL POINT RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **VPD** ☐ Delete
NAME **MIDDLETON, ROBERT G JR**
STREET ADDRESS **1448 SHELL POINT RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **Georeen Busch**
STREET ADDRESS **1448 SHELL PT. Rd.**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Georeen Busch

1-28-06