

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90064 027 ****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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONALD, WIGTON E
40 CARROL DRIVE
CRAWFORDVILLE FL 32327**

Name **Robert G. Middleton Jr**

Street Address (P.O. Box Number is Not Acceptable)
109 Walker Creek Dr

~~Crawfordville FL~~

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

(NOTE: Registered Agent signature required when reinstating)

4/2/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, JEFF	
STREET ADDRESS	1448 SHELL PT. RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHANNISSOHN, FRANK W	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, ED	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCPHERSON, TOM	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATERS, MAY	
STREET ADDRESS	1448 SHELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WIGTON, RON	
STREET ADDRESS	1448 SHELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JODY CAMPBELL	
STREET ADDRESS	1448 SHELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET MCPHERSON	
STREET ADDRESS	1448 SHELL POINT ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT G. MIDDLETON JR	
STREET ADDRESS	1448 Shell Point Rd	
CITY-ST-ZIP	Crawfordville FL 32327	

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: *[Signature]*

4/2/03 850-926-3907

CR2E037 (10/02)