NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 754095**

1. Corporation Name

RED BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 10618 ROCK HILL ROAD RED BAY FL 32455

2. Principal Place of Business

21

Mailing Address

10618 ROCK HILL ROAD RED BAY FL 32455

2a. Mailing Address

Apr 07, 1999 8:00 am secretary of State

04-07-1999 90028 009 ****61.25

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3. Date Incorporated or Qualifed

09/09/1980

Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		App	lled For
22	•	27			59-2329345		Not	Applicable
City & State		City & State		5. Certificate of Status Desired	tus Desired			
23	On water	28	Country		6 El V. Compies Financias		\$5.00	4 D
Zip	Country	Zip	- ·		6. Election Campaign Financing		\$5.00 M Added to	
24	25	29 30	<u>) </u>		Trust Fund Contribution 10. Name and Address of New I	Popletored (11.662
	9. Name and Address of Current F	Registered Agent	81	Name	IV. Name and Address of New	rafilateran v	-Aeur	
	•		[81]	ivanie				
RUSHING.	TELLIS F.		82 Street Address (P.O. Box Number is Not Acceptable)					
	TE HWY 81 SOUTH							
RED BAY			83					į
			84	City			85 Zip C	nde
	÷			City		FL]
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent at	ns of, Section 617.0503, Florida	a Statutes.	ne corporado	oration submits this statement for the in's board of directors. I hereby acce	purpose of of the appoin	changing its r ntment as reg	egistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
	THORNE, MICHAEL	_	1.2 NAME					
NAME	7973 STATE HWY 81 SOUTH		1.3 STREET	ADODESS				
STREET ADDRESS								
CITY-ST-ZIP	RED BAY FL	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-2119			Change	Addition
TITLE	PURING TELLIC	L. DELETE	-					_
NAME	RUSHING, TELLIS		2.2 NAME					
STREET ADDRESS	7494 STATE HWY 81 SOUTH		2.3 STREET	1		* * * * * * * * * * * * * * * * * * * *	•	
CITY-ST-ZIP	PONCE DE LEON FL		2. 4 CITY-S	r-zip			Change	Addition
TITLE	T	☐ DELETE	3.1 TITLE				☐ onange	
NAME	THORNE, DENISE		3.2 NAME					
STREET ADDRESS	7958 STATE HWY 81 SOUTH		3.3 STREET	ADDRESS		•		}
CITY-ST-ZIP	RED BAY FLORIDA		3.4, CITY-S	r-ZUP				
TTLE	D	☐ DELETE	4.1 TITLE		•		Change	Addition
NAME	THORNE, MICHAEL		4. 2 NAME					
STREET ADDRESS	7973 STATE HWY 81 SOUTH	,	4.3 STREET	ADDRESS				
CITY-ST-ZIP	RED BAY FLORIDA		4.4 CITY-\$1	-ZiP				
TITLE	D	☐ DELETE	5.1 TITLE	,			Change	Addition
NAME	MCVAY, JEFF	-	5.2 NAME					
STREET ADDRESS	ADD - DAGU 1481 - DA		5.3 STREET	ADDRESS				İ
CITY-ST-ZIP	RED BAY FL 32455		5.4 CITY-S1	-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			,	Change	Addition
NAME	THORNE, SONNY	_	6.2 NAME					
	I		6.3 STREET	ADDRESS	•		•	
STREET ADDRESS			6.4 CITY-S1					
CITY-ST-ZIP	RED BAY FL		0.4 CHT+\$1	·4r			iif. that the in	

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:

OWSIGMATURE RECIDIBED SIGNATURE AND TYPED OR PRINTED NAME OF SIGN