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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 754321

1. Corporation Name

**BEAR CREEK-YOUNGSTOWN VOLUNTEER FIRE DEPARTMENT,
 INCORPORATED**

Principal Place of Business

11711 HWY 231
 P.O. BOX 213
 YOUNGSTOWN FL 32466
 US

Mailing Address

P O BOC 213
 P.O. BOX 213
 YOUNGSTOWN FL 32466
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

09/24/1980

4. FEI Number

59-3009146

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

BRANDOW, EUGENE C JR
9222 JAMESWAY
PASNAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name **Eugene C Brandow Jr**
 82 Street Address (P.O. Box Number is Not Acceptable)
9222 Jamesway
 83
 84 City **Panama City** FL 85 Zip Code
32404

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 or typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANDOW, EUGENE C JR	
STREET ADDRESS	9222 JAMESWAY	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOSWELL, T J	
STREET ADDRESS	12417 HWY 231	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HEDGES, LORI	
STREET ADDRESS	10840 COWELS RD.	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, LAURA	
STREET ADDRESS	15026 JOSHUA DR	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schutz, Charlie Jr
3.3 STREET ADDRESS	8923 Summer Circle
3.4 CITY-ST-ZIP	Panama City, FL 32404
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEDGES, LORI
4.3 STREET ADDRESS	10840 COWELS RD
4.4 CITY-ST-ZIP	Fountain, FL 32438
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

850-722-1714

Daytime Phone #

CR2E037 (1/98)