

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 754321**

1. Entity Name  
 BEAR CREEK-YOUNGSTOWN VOLUNTEER FIRE DEPARTMENT, INCORPORATED



Principal Place of Business  
 11771 HWY 231  
 YOUNGSTOWN, FL 32466 US

Mailing Address  
 P.O. BOX 213  
 YOUNGSTOWN, FL 32466 US



05142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3009146 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CRUM, DUSTIN  
 9241 JAMES WAY  
 PANAMA CITY, FL 32404

**DO NOT WRITE IN THIS SPACE**

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)

8/4/07  
 DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUM, DUSTIN 9241 JAMES WAY PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTELLO, LAURA 15026 JOSHMAN DR YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEDGES, LORI 11012 SANJO RD FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTELLO, BILL 15026 JOSHUA DRIVE YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000771677  
 08/08/07-80002-012 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* Dustin R Crum 8/4/07 850 722 6564  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #