
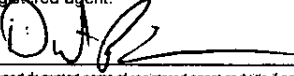



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90004 001 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11771 Hwy 231			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Youngstown, FL		08112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3009146	
Zip 32466		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUM, DUSTIN 9241 JAMES WAY PANAMA CITY, FL 32404			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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:  Dustin R. Crum				8/21/08	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, DUSTIN		NAME		
STREET ADDRESS	9241 JAMES WAY		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, LAURA		NAME		
STREET ADDRESS	15026 JOSHMAN DR		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, FL 32466		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGES, LORI		NAME		
STREET ADDRESS	11012 SANJO RD		STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN, FL 32438		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, BILL		NAME		
STREET ADDRESS	15026 JOSHUA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, FL 32466		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				8/21/08 850-722-6564	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	