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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90008 021 \*\*\*\*70.00

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 757748**

1. Corporation Name

**BALDWIN VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

610 OLIVER ST.  
BALDWIN FL 32234

Mailing Address

610 OLIVER ST.  
BALDWIN FL 32234



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/27/1981

4. FEI Number

59-2167106

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

FULLER DAVID W.  
1250 HAP RD  
BALDWIN FL 32234

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*David W. Fuller, President*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FULLER DAVID W.  
STREET ADDRESS 1250 HAP RD  
CITY-ST-ZIP BALDWIN FL 32234

☐ DELETE

TITLE VD  
NAME CLUTE, WILLIAM H.  
STREET ADDRESS 73 N. CENTER ST.  
CITY-ST-ZIP BALDWIN FL

☒ DELETE

TITLE TD  
NAME NOBLES, TIMOTHY M.  
STREET ADDRESS 132 PALM AVE  
CITY-ST-ZIP BALDWIN FL

☒ DELETE

TITLE SD  
NAME TOLLUCK, SHANNON D  
STREET ADDRESS 455 OLIVER ST. W.  
CITY-ST-ZIP BALDWIN FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VD  
Nobles, Timothy M.  
540 Main St.  
Baldwin FL

☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TD  
Tollick, Vincent A.  
455 Oliver St. W.  
Baldwin FL

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*David W. Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99

Date

904-266-1870

Daytime Phone #

CR2E037 (1/98)