


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90067 001 \*\*\*\*61.25

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|---|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N02217</b>  |  |   |  |   |  |
| 1. Corporation Name<br><b>BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT ASSOCIATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br>C/O WILLIAM C. EVERETT, JR.<br>6027 JOHN PITTS ROAD<br>PANAMA CITY FL 32404  |  |   | Mailing Address<br>C/O WILLIAM C. EVERETT, JR.<br>6027 JOHN PITTS ROAD<br>PANAMA CITY FL 32404 |   |  |
| 2. Principal Place of Business<br>21  |  | 2a. Mailing Address<br>26   |  | 3. Date Incorporated or Qualified<br>03/27/1984   |  |
| Suite, Apt. #, etc.<br>22   |  | Suite, Apt. #, etc.<br>27   |  | 4. FEI Number<br>59-2935974   |  |
| City & State<br>23  |  | City & State<br>28  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                        |  |
| Zip<br>24   |  | Country<br>25   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees     |  |
| 9. Name and Address of Current Registered Agent<br><b>EVERETT, WILLIAM C., JR.<br/>6027 JOHN PITTS ROAD<br/>PANAMA CITY FL 32404</b>  |  |   | 10. Name and Address of New Registered Agent   |   |  |
|   |  |   | 81 Name  |   |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)  |   |  |
|   |  |   | 83   |   |  |
|   |  |   | 84 City  |   |  |
|   |  |   | 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 <i>William C. Everett</i>   |  |   | 1 Mar 99   |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |   |  |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |   |  |
| 3.2 NAME  |  |   |  |   |  |
| 3.3 STREET ADDRESS  |  |   |  |   |  |
| 3.4 CITY-ST-ZIP   |  |   |  |   |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |   |  |
| 4.2 NAME  |  |   |  |   |  |
| 4.3 STREET ADDRESS  |  |   |  |   |  |
| 4.4 CITY-ST-ZIP   |  |   |  |   |  |
| 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: *William C. Everett* REQUIRED William C Everett 1 Mar 99 850 763-0431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)