SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:19

DOCUMENT # **N19153** (8)

1. Corporation Name
YEEHAW JUNCTION VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
3400 CENTRAL BLVD YEEHAW JUNCTION OKEECHOBEE FL 34972	3400 CENTRAL BLVD YEEHAW JUNCTION OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2844131 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 YEEHAW JCT. VOL FIRE DEPT. INC	26 3400 CENTRAL BLVD
Suite, Apt. #, etc. 22 3400 CENTRAL BLVD.	Suite, Apt. #, etc. 27
City & State 23 OKeechobee FL.	City & State 28 OKeechobee FL.
Zip / County 24 34972 / 25	Zip / County 29 34972 / 30

9. Name and Address of Current Registered Agent

BAILEY, RAY
3575 MAGNOLIA DR.
YEEHAW CT.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name: BAILEY RAY
82 Street Address (P.O. Box Number is Not Acceptable): 3575 MAGNOLIA DR.
83: YEE-HAW JCT.
84 City: OKeechobee FL 85 Zip Code: 34972

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: Ray L. Bailey RAY L. BAILEY 7/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	BAILEY, RAY	12 NAME	BAILEY RAY	
STREET ADDRESS	3575 MAGNOLIA DR.	13 STREET ADDRESS	3575 MAGNOLIA DR.	
CITY ST ZIP	OKEECHOBEE FL	14 CITY ST ZIP	OKeechobee FL. 34972	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	HARKINS, ISABELLE	22 NAME	BYARS TOMMY	
STREET ADDRESS	5590 PALM AVE.	23 STREET ADDRESS	5625 CYPRESS DR.	
CITY ST ZIP	OKEECHOBEE FL	24 CITY ST ZIP	OKeechobee FL. 34972.	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	POTTER, DANNY	32 NAME	[illegible]	
STREET ADDRESS	3690 MAGNOLIA AVE.	33 STREET ADDRESS	[illegible]	
CITY ST ZIP	OKEECHOBEE FL	34 CITY ST ZIP	[illegible]	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	JOHNSON, MARY	42 NAME	GRIFFIS BONNY	
STREET ADDRESS	5715 TROPICA LANE	43 STREET ADDRESS	5865 Tiger DR.	
CITY ST ZIP	OKEECHOBEE FL	44 CITY ST ZIP	OKeechobee FL. 34972	
TITLE	CD	51 TITLE	C-D	☒ Change ☐ Addition
NAME	PREIST, JIMMY	52 NAME	BYARS ANN	
STREET ADDRESS	5670 FOREST DR.	53 STREET ADDRESS	5625 cypress DR	
CITY ST ZIP	OKEECHOBEE FL	54 CITY ST ZIP	OKeechobee FL. 34972	
TITLE		61 TITLE	T	☒ Change ☐ Addition
NAME		62 NAME	CINDY NOEL	
STREET ADDRESS		63 STREET ADDRESS	5692 Parish DR.	
CITY ST ZIP		64 CITY ST ZIP	OKeechobee FL. 34972	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

Home (407)-436-1640

SIGNATURE: Ray L. Bailey RAY L BAILEY P.D. 7/15/95 Bus (407)-436-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017202