FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socratory of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N19153

(8)

YEEH	AW JUNCTION VOLUNTEER	3 FIRE DEPARTMENT,	INC.				
Principal Place of Business Mailing Address					1 100111101 \$01 11010 18101 (1801 Bi	i au 114 i 11611 a (111 á 1511 á 1	.811
3400 CENTRAL BLVD YEEHAW JUNCTION OKEECHOBEE FL 34972 US 3400 CENTRAL BLVD YEEHAW JUNCTION OKEECHOBEE FL 34972 US			2				
03					 Date Incorporated or Qualified 02/10/1987 	3a. Date of Lat 07/24/	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	01/24/	
21		26			59-2844131	-	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				60 7	Not Applicable
22		27			5. Certificate of Status Desired		75 Additional e Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5	00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip 24	Country	Zip	Country	1	8. This corporation has liability for	intangible tax under	s. 199.032,
24	9. Name and Address of Curre	nt Registered Apost	30		Florida Statutes	Yes No	
	5. Hamb and Radios of Odife	iit negisteled Agent	81 1	Name	10. Name and Address of New I	Registered Agent	
RAHEY	DAV			T	Tommy Byars		
BAILEY, RAY 3575 MAGNOLIA DR.			82	Street Address	(P.O. Box Number is Not Acceptal	ble)	
YEEHAW JUNCTION			83	562	25 Cyprews Driv	<u>e</u>	·
	HOBEE FL 34972						
-0112201	110000 10 04072		84 (City Okaas	hobee	85 2	^Z 13 Code 2
11. Pursuant	to the provisions of Sections 617.050; red agent, or both, in the State of Flori	2 and 617.1508, Florida Statute	s, the above-nan	nod contract	and the second of the second o		
or registe familiar w	red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	da. Such change was authorize	ed by the corpora	ation's board of	directors. Thereby accept the app	nipose of changing its pointment as registers	registered office ed agent. I am
SIGNATURE	Transell & R.	AAA					ļ
	Signature, typed or printed name of registered agent	I and title it applicable (NO)	E. Registered Agent sig	gnature required wher	er nonstaluigi	DATE	
12.	`	ID DIRECTORS	13.		ADD TIONS OHANGES TO OFF		ORS IN 12
TITLE	PD PAUL	DEFELE	1.1 THLE	PD		range	☐ Addition
NAME	BAILEY, RAY		1.2 NAME	Bva	ers, Tommy	•	
STREFT ADDRESS	3575 MAGNOLIA DR.		1.3 STREET ADD	DRESS 562	25 Cypress dr.		ľ
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY - ST - 20	^{αρ} Oke	echobee F1. 34	972	
TITLE NAME	VP BVADC TOLMAY	DELETE	2.1 TITLE	V P		change	☐ Addition
	BYARS, TOMMY 5625 CYPRESS DR		2 2 NAME	Bai	lev. Rav		
STREET ADDRESS	OKEECHOBEE FL		23 STREET ADD	ORESS 357	ley, Ray '5 Magnolia dr.		
CITY ST-ZIP TITLE	T	TE TE	2 4 CITY-ST-Z	^{ζιρ} <u>O</u> ke	echobee, Fl. 3	4972	
NAME	POTTER, DANNY	16	3.1 TIFLE		•	Change	Addition
STREET ADDRESS	3690 MAGNOLIA AVE.		3.2 NAME 3.3 STREET ADD	וויטפ	els, Cindy 80 Forest Dr.		
CITY-ST-ZIP	OKEECHOBEE FL		3.4 CITY-S1-Z			4070	
TITLE	S	DELETE	4.1 TITLE	<u> UKE</u>	echobee, Fl. 3	49/2 □ Change	Addition
NAME	GRIFFIS, BONNY	—	4 2 NAME	}		<u> </u>	☐ Manition
STREET ADDRESS	5865 OLGER DR		4.3 STREET ADD	ORESS			
CITY-ST-ZIP	OKEECHOBEE FL		4.4 City - St - Zii	1			
TITLE	CD	DELETE	51 THILE			Charne	Addition
NAME	BYARS, ANN		5 2 NAME		70000176 -04/02/96010	シンせ はで で 199019	
STREET ADDRESS	5625 CYPRESS DR		5.3 STREET ADO	ORESS	***81.25	16077013	
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZII	IP	71711.CJ		
TITLE	T	LTE	6 1 TITLE			Cnange	Addix
NAME	NOEL, INDY		62 NAME				n Oson
STREET ADDRESS	5862 FORESH DR		63 STREET ADD	PRESS			<i>38</i> %-4
CITY-ST-ZIP	OKEECHOBEE FL v certify that the information supplied v		64 CITY-ST-ZIE	P			741
nereb	v ceruit that the intomation supplied v	sata taje tiling je voluotoriki furnic	had and dans as	مطلع بالأكام الماسمان			

4. 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)(k), 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.

SIGNATURE: Taylor 13/18/23 TO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 2-111-74 434-1100