

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
US

3400 CENTRAL BLVD
YEEHAW JUNCTION
OKEECHOBEE FL 34972
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MILLER, SEAN
3602 BLUE CYPRESS RANCH RD.
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified

02/10/1987

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

RAY BAYLEY

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

3655 STATE RD. 60B

83

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 Bayley* **RAY BAYLEY**

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

(NOTE: Registered Agent signature required when reappointing)

8/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, SEAN	
STREET ADDRESS	3602 BLUE CYPRESS RANCH RD.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CHESTER	
STREET ADDRESS	GRAPE AVE 3530	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, KAREN	
STREET ADDRESS	3655 STATE RD. 60E	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STONE, DEBRA	
STREET ADDRESS	5745 PINE AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BUNDRUM, MICKEY	
STREET ADDRESS	TANGERINE LANE 5769	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD BUNDRUM	
1.3 STREET ADDRESS	5469 TANGERINE LN.	D
1.4 CITY-ST-ZIP	Okeechobee FLA. 34972	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONNIE BAYLEY	
2.3 STREET ADDRESS	5713 CYPRESS DR	T
2.4 CITY-ST-ZIP	Okeechobee FLA. 34972	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBRA STONE	
3.3 STREET ADDRESS	5745 PINE AVE	T
3.4 CITY-ST-ZIP	Okeechobee FLA. 34972	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEBRA STONE	
4.3 STREET ADDRESS	5745 PINE AVE.	T
4.4 CITY-ST-ZIP	Okeechobee FLA. 34972	
5.1 TITLE	C-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RODOLFO RIVERO	
5.3 STREET ADDRESS	5745 CYPRESS DR	
5.4 CITY-ST-ZIP	Okeechobee FLA. 34972	
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)(l), 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: *Richard M Bundrum* **Richard M Bundrum** **8/10/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 14 1998 8:00am
Secretary of State

