

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90035 050 \*\*\*\*61.25

**DOCUMENT # N19153**

1. Corporation Name

**YEEHAW JUNCTION VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

3400 CENTRAL BLVD  
YEEHAW JUNCTION  
OKEECHOBEE FL 34972  
US

Mailing Address

3400 CENTRAL BLVD  
YEEHAW JUNCTION  
OKEECHOBEE FL 34972  
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

24

25

29

Country

30

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

9. Name and Address of Current Registered Agent

**BAILEY, RAY**  
3655 STATE RD 60 E  
OKEECHOBEE FL 34972

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 **RAY BAILEY**

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

(NOTE: Registered Agent signature required when reinstating)

**3/31/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BUNDRUM, RICHARD**  
STREET ADDRESS **5469 TANGERINE LN**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **VT** ☐ DELETE  
NAME **BAILEY, RONNIE**  
STREET ADDRESS **5713 CYPRESS DR**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **STT** ☒ DELETE  
NAME **STONE, DEBRA**  
STREET ADDRESS **5745 PINE AVE**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **CD** ☒ DELETE  
NAME **RIVERO, RODOLFO**  
STREET ADDRESS **5745 CYPRESS DR**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition  
1.2 NAME **BUNDRUM, RICHARD**  
1.3 STREET ADDRESS **5469 TANGERINE LN.**  
1.4 CITY-ST-ZIP **OKEECHOBEE FL 34972**

2.1 TITLE **VT** ☐ Change ☐ Addition  
2.2 NAME **BAILEY, RONNIE**  
2.3 STREET ADDRESS **5740 FOREST DR.**  
2.4 CITY-ST-ZIP **OKEECHOBEE FL 34972**

3.1 TITLE **SECRETARY** ☒ Change ☐ Addition  
3.2 NAME **MORRISON, ALLEISON**  
3.3 STREET ADDRESS **5740 FOREST DR.**  
3.4 CITY-ST-ZIP **OKEECHOBEE FL 34972**

4.1 TITLE **TREASURE** ☒ Change ☐ Addition  
4.2 NAME **STONE, DEBRA**  
4.3 STREET ADDRESS **5745 PINE AVE**  
4.4 CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

6.1 TITLE ☐ Change ☐ 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: **RONNIE BAILEY** SIGNATURE: **RAY BAILEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/99**

DATE

**407-436-0229**

DAYTIME PHONE #

11/1/99