

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # N23244**

1. Corporation Name

WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 3083 SHADEVILLE HWY CRAWFORDVILLE FL 32327

Mailing Address

3083 SHADEVILLE HWY **CRAWFORDVILLE FL 32327** 

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90038 019 \*\*\*\*61.25



2. Principal Place of Business   2. Multing Address   10,30/1987							
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	<b>—</b>						
Security		#. etc.	<del></del>			Applied For	
City & State    City & State   City			27	•	59-2859621	Not Applicable	
28   29   20   29   30   30   30   30   30   30   30   3		te	<u> </u>		E. C. W. at Status Desired	\$8.75 Additional	
Zip   Country   Zip   Country   S. Becketon Campaign Financing   S. 5.00 May 8e   Trust Fund Contribution   Added to Fees	¬ ·			5. Certificate of Status Desired	Fee Required		
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 agent, or both, in the State of Florida. Such change was authorison's board of internal should be compared by the corporation submits this statement for the purpose of changing its registered agent, and agent, a		Country		Country	6. Election Campaign Financing	\$5.00 May Be	
9. Name and Address of Current Registered Agent  TURNER, CHUCK 3083 SHADEVILLE RD. CRAWFORDVILLE FL 32327  33 Street Address (P.D. Box Number is Not Acceptable)  35 Street Address (P.D. Box Number is Not Acceptable)  36 City Reproductive for the purpose of changing its registered agent. or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent. 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 make a complete the statement for the purpose of changing its registered agent. I make a complete for the statement for the purpose of changing its registered agent. I make a complete for the statement for the purpose of changing its registered agent. I make a complete for the statement for the purpose of changing its registered agent. I make a complete for the statement for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I make a complete for the purpose of changing its registered agent. I ma	<del></del> '		29	<u>.</u>	, , , , , , , , , , , , , , , , , , ,	Added to Fees	
TURNER, CHUCK 3083 SHADEVILLE RD. CRAWFORDVILLE FL 32327  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Inhereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the appointment as registered agent, and accept the objections of the purpose of changing its registered agent, and accept the objections of the appointment as registered agent, and accept the appo				<u>'                                    </u>	10. Name and Address of New Registered Ag	jent	
TURNER, CHUCK 3083 SHADEVILLE RD. CRAWFORDVILLE FL 32327  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agant, I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation automits that statement for the purpose of changing its registered agant, I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation above-name				81 Name	ODAN B		
3083 SHADEVILLE RD. CRAWFORDVILLE FL 32327  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 agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Plotted Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a proporation as a transfer of corporation submits this statement for the purpose of changing its registered agent. I am familiar with a proporation and accept the objective of corporation submits this statement for the purpose of changing its registered agent. I am familiar with a proporation and accept the objective							
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11. Pursuant to the provisions of Sections 617,0502 and 617,1502, Florida Statutes, the above-hamed corporation statutes in the sections of control of the corporations board of directors. I hereby accept the appointment as registered agent, or both, in the state of Florida, Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent and registered agent ag				84 City	AWFORDVILLE FL		
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P CAUSEY, SCOTT  STREET ADDRESS 3083 SHADEVILLE ROAD  CITY-ST-ZP  CRAWFORDVILLE FL 32327  CITY-ST-ZP  CITY-S	BRAD BOWMAN PRESIDENT BALL BOWNS 1-23-99						
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CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  S  NAME  MCBEE, MIKE  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  D  NAME  VICK, JIMMY  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  D  NAME  VICK, JIMMY  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  DC  NAME  DC  STREETADDRESS  TREETADDRESS  TREETA	_		M DELETE	2.1 TIRE <b>✓</b>	ICE PRESIDENT DIRECTOR	Change 🗶 Addition	
CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  S  NAME  MCBEE, MIKE  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  D  NAME  VICK, JIMMY  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  D  NAME  VICK, JIMMY  STREETADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  DC  NAME  DC  STREETADDRESS  TREETADDRESS  TREETA		1 ''		22 NAME	AL SHYLKOFSKI	·	
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TITLE  NAME  VICK, JIMMY  STREET ADDRESS  11 SAM SMITH CIRCLE  CRAWFORDVILLE FL 32327  TITLE  DC  NAME  DICKS E, JERRY  STREET ADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  DICKS E, JERRY  STREET ADDRESS  CITY-ST-ZIP  CRAWFORDVILLE FL 32327  TITLE  D  TREASURER  LEALY NORRIS  196 Rock Ro  STREET ADDRESS  CITY-ST-ZIP  CRAWFORD VILLE FL 32327  TITLE  D  TURNER, CHUCK  STREET ADDRESS  47 LESLIE ANNE STREET  63 STREET ADDRESS  3083 SHADE VILLE HWY.			□ BELETE	3.4. CITY-ST-ZIP	KANFORIOTAL PL. 0000	Change Addition	
STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327  TITLE DC NAME DICKS E, JERRY TOPECT ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327  TITLE DC NAME DICKS E, JERRY TOPECT ADDRESS TOPECT ADDRESS TOPECT ADDRESS TOPECT ADDRESS TURNER, CHUCK S3 STREET ADDRESS TURNER, CHUCK TURNER, CHUCK S3 STREET ADDRESS TURNER, CHUCK S3 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S5 STREET ADDRESS S6 STREET ADDRESS	TIFLE	<del>-</del>	☐ DELETE				
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CRAWFORDVILLE FL 32327  TITLE  D  TURNER, CHUCK  TURNER, CHUCK  STREET ADDRESS 47 LESLIF ANNE STREET  SHEET ADDRESS 47 LESLIF ANNE STREET  SHEET ADDRESS 47 LESLIF ANNE STREET  CRAWFORD VILLE, FL, 32327  CRAWFORD VILLE, FL, 32327  CRAWFORD VILLE, FL, 32327  SHADEVILLE HUY.  STREET ADDRESS 47 LESLIF ANNE STREET  SHEET ADDRESS 50 STREET ADDRESS 50	TITLE	1	X DELETE	5.1 TITLE		Cuanda Acoupou	
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TITLE D  NAME  TURNER, CHUCK  STREET ADDRESS 47 LESU JE ANNE STREET  CHAVFORDVILLE PL 32321  DIRECTOR  MICHAEL OF PRADY  63 STREET ADDRESS 3083 SHADEVILLE HWY.	STREET ADDRESS	s 79 PAGE OLIVER ROAD		<b>.</b>	• •	2 2 <b>7</b>	
NAME TURNER, CHUCK STREET ADDRESS 47 LESLIE ANNE STREET 62 NAME 63 STREET ADDRESS 3083 SHADEVILLE HWY.	CITY-ST-ZIP	CRAWFORDVILLE FL 32327		5.4 CITY-ST-ZIP			
STREET ADDRESS 47 ( FSLIF ANNE STREET ADDRESS 3083 SHADEVILLE HWY.	TITLE	D	<b>₩</b> DELETE	<b>6.1 TITLE ↑</b>	DIRECTOR	☐ Change	
STREET ADDRESS 47 LESLIE ANNE STREET  CRAWFORDVILLE FL 32327  6.3 STREET ADDRESS 3.083 STREET	NAME	TURNER, CHUCK	•	6.2 NAME Y	MICHAEL OF FRALLY		
CITY-ST-ZIP CRAWFORDVILLE FL 32327 64 CITY-ST-ZIP (RAWFORDVILLE, FL. 32327	STREET ADDRESS			6.3 STREET ADDRESS	3083 THYDENICLE 11001.		
	ļ	1		6.4 CITY-ST-ZIP	RAWFORDVILLE, FL. 323	27	

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.