

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
Feb 26, 1999 8:00 am
Secretary of State

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

DOCUMENT # N23244

1. Corporation Name

WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

3083 SHADEVILLE HWY
CRAWFORDVILLE FL 32327
US

Mailing Address

3083 SHADEVILLE HWY
CRAWFORDVILLE FL 32327
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/30/1987

4. FEI Number

59-2859621

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

TURNER, CHUCK
3083 SHADEVILLE RD.
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name **BRAD BOWMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
57 ASPEN CT.
83
84 City **CRAWFORDVILLE** FL 85 Zip Code **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 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

BRAD BOWMAN, PRESIDENT

Brad Bowman

1-23-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAUSEY, SCOTT	
STREET ADDRESS	3083 SHADEVILLE ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DICKS, MIKE	
STREET ADDRESS	189 SUMMERWOOD DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCBEE, MIKE	
STREET ADDRESS	169 BIG WHITE OAK LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VICK, JIMMY	
STREET ADDRESS	11 SAM SMITH CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DICKS E, JERRY	
STREET ADDRESS	79 PAGE OLIVER ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, CHUCK	
STREET ADDRESS	47 LESLIE ANNE STREET	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRAD BOWMAN	
1.3 STREET ADDRESS	57 ASPEN CT	
1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
2.1 TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AL SHYKOFSKI	
2.3 STREET ADDRESS	83 WALDEN RD	
2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CINDY MERRITT	
3.3 STREET ADDRESS	103 MARY ANN DR	
3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEAHY NORRIS	
5.3 STREET ADDRESS	196 ROCK RD	
5.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL O'GRADY	
6.3 STREET ADDRESS	3083 SHADEVILLE HWY.	
6.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	

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:

BRAD BOWMAN

1-23-99

850-644-7187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)