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Feb 01, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 710269

1. Corporation Name

LAKE PLACID VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

12 INTERLAKE BLVD
P.O. BOX 195
LAKE PLACID FL 33852

Mailing Address

12 INTERLAKE BLVD
P.O. BOX 195
LAKE PLACID FL 33852



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/27/1966

4. FEI Number

59-1964252

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

MOTTINGER, DICK
12 INTERLAKE BLVD
LAKE PLACID FL 33852

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

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	V	☐ DELETE
NAME	DAUM, D.W.	
STREET ADDRESS	32 621 EAST	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TD	☐ DELETE
NAME	MOTTIGER, DICK	
STREET ADDRESS	12 INTERLAKE BLVD	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	☐ DELETE
NAME	PHYPPERS, DANIEL	
STREET ADDRESS	P O BOX 818 N/A	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	D	☐ DELETE
NAME	GOULD, THOMAS	
STREET ADDRESS	930 E. LAKE DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	☐ DELETE
NAME	CAUFFIELD, TREVOR	
STREET ADDRESS	223 MACCOY RD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: Dick Mottinger SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 741 699-1930

CR2E037 (11/98)