



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 710269 1. Entity 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	
6. Name and Address of Current Registered Agent MOTTINGER, DICK 12 INTERLAKE BLVD LAKE PLACID, FL 33852		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4. FEI Number 59-1964252 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAUM, D.W. 32 621 EAST LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOTTIGER, DICK 12 INTERLAKE BLVD LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTINGER, HARRY PO BOX 6 LAKE PLACID, FL 33862	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, THOMAS 930 E. LAKE DRIVE LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUFFIELD, TREVOR 223 MACCOY RD. LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULAC, CHARLIE PO BOX 1402 LAKE PLACID, FL 33862	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7-1-04 83 69-3153 <small>Daytime Phone #</small>

3 - , . 2 5 6 6 6 6 6 6 D &

07012004 No Chg-NP CR2E037 (10/03)

000000163976
07/07/04-80026-009 61.25