2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 710269

1. Entity Name
LAKE PLACID VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
12 INTERLAKE BLVD LAKE PLACID, FL 33852	P O BOX 195 LAKE PLACID, FL

01072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1964252
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOTTINGER, DICK
12 INTERLAKE BLVD
LAKE PLACID, FL 33852

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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: _____ 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOTTINGER, HARRY
STREET ADDRESS	P O BOX 6
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	T
NAME	MOTTINGER, DICK
STREET ADDRESS	P O BOX 416
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	GOULD, THOMAS
STREET ADDRESS	930 E LAKE DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	MULAC, CHARLIE
STREET ADDRESS	P O BOX 1402
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	P
NAME	WILLIAMS, WALLACE
STREET ADDRESS	9 LAKE HENRY DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	V
NAME	SEEBER, ROBERT
STREET ADDRESS	1613 PINETOP TR
CITY-ST-ZIP	LAKE PLACID, FL 33852

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02/21/07-80024-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #