

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 710269 1. Entity Name LAKE PLACID VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 12 INTERLAKE BLVD LAKE PLACID, FL 33852	Mailing Address P O BOX 195 LAKE PLACID, FL
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

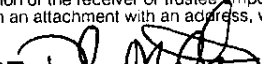
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000800742 01/31/08-80030-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTINGER, HARRY P O BOX 6 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTTINGER, DICK P O BOX 416 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, THOMAS 930 E LAKE DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULAC, CHARLIE P O BOX 1402 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, WALLACE 9 LAKE HENRY DR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEEBER, ROBERT 1613 PINETOP TR LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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:  **DICK MOTTINGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 **863 699-3753**
Date Daytime Phone #