

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710269

FILED
Jul 20, 2009
Secretary of State

Entity Name: LAKE PLACID VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

12 INTERLAKE BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P O BOX 195
LAKE PLACID, FL

New Mailing Address:

FEI Number: 59-1964252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOTTINGER, DICK
12 INTERLAKE BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

HESS, ADAM
1804 CITADEL ST
LAKE PLACID, FL 33852 US

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.

SIGNATURE: ADAM HESS

07/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOTTINGER, HARRY
Address: P O BOX 6
City-St-Zip: LAKE PLACID, FL 33862

Title: T () Delete
Name: MOTTINGER, DICK
Address: P O BOX 416
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: GOULD, THOMAS
Address: 930 E LAKE DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MULAC, CHARLIE
Address: P O BOX 1402
City-St-Zip: LAKE PLACID, FL 33862

Title: P (X) Delete
Name: WILLIAMS, WALLACE
Address: 9 LAKE HENRY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: V (X) Delete
Name: SEEGER, ROBERT
Address: 1613 PINETOP TR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FYFFE, HERB
Address: P O BOX 195
City-St-Zip: LAKE PLACID, FL 33862

Title: VP (X) Change () Addition
Name: SEEGER, ROBERT
Address: P O BOX 195
City-St-Zip: LAKE PLACID, FL 33862

Title: T (X) Change () Addition
Name: POYNOR, JOHN
Address: PO BOX 195
City-St-Zip: LAKE PLACID, FL 33862

Title: S (X) Change () Addition
Name: DIAMOND, SHAROL
Address: P O BOX 195
City-St-Zip: LAKE PLACID, FL 33862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SEEGER

VP

07/20/2009

Electronic Signature of Signing Officer or Director

Date