
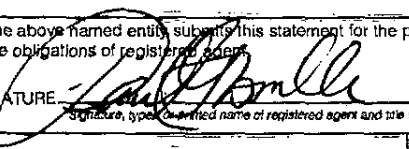
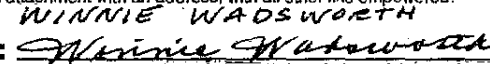


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770635</b> 1. Entity Name LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.		
Principal Place of Business LURAVILLE VFD, 20510 180TH ST LIVE OAK, FL 32060 US	Mailing Address LURAVILLE VFD, INC. 20510 180TH ST LIVE OAK, FL 32060-5200 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GAMBLE, PAUL 18791 168TH ST LIVE OAK, FL 32060		<b>DO NOT WRITE IN THIS SPACE</b>
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) Filing Fee is \$61.25 Due by May 1, 2005		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE: 2-4-05
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, DAVID A 16525 184TH ST LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFORD, DAVID SR 15602 221 ST RD LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WADSWORTH, WINNIE 15790 176TH ST LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, CHRIS 14171 176TH ST MCALPIN, FL 32062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBLE, PAUL 18791 168TH ST MCALPIN, FL 32062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, RUSSELL 15790 176TH ST LIVE OAK, FL 32060	
12. 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 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 817, 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:  1-26-05 386-776-1770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2863063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

000000219051  
02/08/05-80010-020 70.00

**DO NOT WRITE  
IN THIS SPACE**