
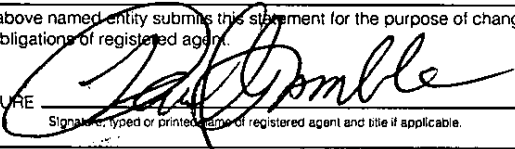
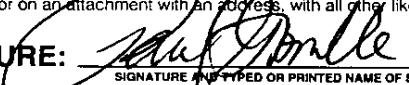


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90024 019 \*\*\*\*70.00

<b>DOCUMENT # 770635</b> 1. Entity Name <b>LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>LURAVILLE VFD, 20510 180TH ST LIVE OAK, FL 32060 US</b>			Mailing Address <b>LURAVILLE VFD, INC. 20510 180TH ST LIVE OAK, FL 32060-5200 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2863063</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GAMBLE, PAUL 18791 168TH ST LIVE OAK, FL 32060</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
			FL Zip Code _____		
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.</small>			DATE <b>2-12-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANE, DAVID A</b>		NAME		
STREET ADDRESS	<b>16525 184TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALFORD, DAVID SR</b>		NAME		
STREET ADDRESS	<b>15602 221 ST RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WADSWORTH, WINNIE</b>		NAME		
STREET ADDRESS	<b>15790 176TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRISON, CHRIS</b>		NAME		
STREET ADDRESS	<b>14171 176TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MCALPIN, FL 32062</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAMBLE, PAUL</b>		NAME		
STREET ADDRESS	<b>18791 168TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MCALPIN, FL 32062</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WADSWORTH, RUSSELL</b>		NAME		
STREET ADDRESS	<b>15790 176TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>		CITY-ST-ZIP		
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Paul Gamble</b>		
			Date <b>2-12-06</b> Daytime Phone # <b>386-776-1653</b>		

# ATTACHMENT



60015408

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.  
LURAVILLE VFD, INC.  
20510 180TH ST  
LIVE OAK, FL 32060-5200 US

SUBJECT: LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.  
Ref. Number: 770635

We have received your check(s) totaling \$70.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 006A00009285