

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770635

Entity Name: LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**LURAVILLE VFD,
14884 STATE ROAD 51
LIVE OAK, FL 32060**Current Mailing Address:**LURAVILLE VFD,
14884 STATE ROAD 51
LIVE OAK, FL 32060 US**FEI Number:** 59-2863063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAMBLE, PAUL
18791 168TH ST
LIVE OAK, FL 32060 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CROSSNO, ARNOLD
Address	14004 217RD
City-State-Zip:	LIVE OAK FL 32060

Title	VP
Name	ALFORD, DAVID SR
Address	15602 221 ST RD
City-State-Zip:	LIVE OAK FL 32060

Title	T
Name	WADSWORTH, WINNIE
Address	15790 176TH ST
City-State-Zip:	LIVE OAK FL 32060

Title	D
Name	CROSSNO, LYNN
Address	14004 217RD
City-State-Zip:	LIVE OAK FL 32062

Title	D
Name	GAMBLE, PAUL
Address	18791 168TH ST
City-State-Zip:	MCALPIN FL 32062

Title	D
Name	WADSWORTH, RUSSELL
Address	15790 176TH ST
City-State-Zip:	LIVE OAK FL 32060

I hereby 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 all other like empowered.

SIGNATURE: PAUL GAMBLE**CHIEF****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date