

**2017 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            PRESIDENT  
Name            ALFORD, DAVID SR  
Address        15602 221 ST RD  
City-State-Zip: LIVE OAK FL 32060

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

**DIRECTOR**

**01/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date