

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702627 (1)

1. Corporation Name

LUTZ VOLUNTEER FIRE ASSOCIATION INC



Principal Place of Business

**129 LAKE FERN RD
P.O. BOX 416
LUTZ FL 33549
US**

Mailing Address

**129 LAKE FERN RD
PO BOX 416
LUTZ FL 33549
US**

3. Date Incorporated or Qualified
06/29/1961

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOINS, JERRY
18002 LIVINGSTON AVE.
LUTZ FL 33549**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE:

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GOINS, JERRY**
STREET ADDRESS **18002 LIVINGSTON AVE.**
CITY - ST - ZIP **LUTZ FL**

TITLE **VPD** ☐ DELETE
NAME **FISHER, BEN**
STREET ADDRESS **18631 GERACI ROAD**
CITY - ST - ZIP **LUTZ FL**

TITLE **SD** ☐ DELETE
NAME **BUCKINGHAM, AURALEE**
STREET ADDRESS **19216 BLOUNT RD**
CITY - ST - ZIP **LUTZ FL**

TITLE **TD** ☒ DELETE
NAME **GOINS, JERRY**
STREET ADDRESS **18002 LIVINGSTON**
CITY - ST - ZIP **LUTZ FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**TD
DENNISON, LESLIE
18602 N. 30TH STREET
LUTZ, FLA 33549**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry Goins **JERRY GOINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
Date

813-949-2463
Daytime Phone #

CR2E037 (12/95)