

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90058 030 \*\*\*\*61.25

**DOCUMENT # 702627**

1. Entity Name

LUTZ VOLUNTEER FIRE ASSOCIATION INC



Principal Place of Business

129 LAKE FERN RD  
P.O. BOX 416  
LUTZ FL 33548  
US

Mailing Address

129 LAKE FERN RD  
PO BOX 416  
LUTZ FL 33548  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2064086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUFFLY, JAY  
102 5TH AVE SE  
LUTZ FL 33549

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUFFLY, JAY	
STREET ADDRESS	102 5TH AVE SE	
CITY - ST - ZIP	LUTZ FL 33549	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SORRENTINO, ROBERT	
STREET ADDRESS	1001 HENBERGER RD	
CITY - ST - ZIP	LUTZ FL 33549	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, RANDY	
STREET ADDRESS	3609 BERGER RD	
CITY - ST - ZIP	LUTZ FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MAY, DEBBIE	
STREET ADDRESS	19263 BLOUNT RD	
CITY - ST - ZIP	LUTZ FL 33558	

TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, BEN	
STREET ADDRESS	18631 GARACI	
CITY - ST - ZIP	LUTZ FL 33548	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOEDT, WILLIAM H	
STREET ADDRESS	202 LUTZ LAKE FERN ROAD	
CITY - ST - ZIP	LUTZ FL 33548	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICK SETTE DUCATO	
STREET ADDRESS	1309 TRAIL GLEN LN	
CITY - ST - ZIP	LUTZ, FL 33549	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jay Muffy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 813-949-2224

Date

Daytime Phone #