

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 705857 (1)  
1. Corporation Name  
LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.



Principal Place of Business Mailing Address  
165 W. OHIO AVENUE 165 W. OHIO AVENUE  
PO BOX 952 PO BOX 952  
LAKE HELEN FL 32744 LAKE HELEN FL 32744

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1963		3a. Date of Last Report 03/09/1995	
21		26		4. FEI Number 59-2648552		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

WRIGHT, KATHERINE M.  
452 SO EUCLID AVE  
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KEESLING, EVAN	1.2 NAME	
STREET ADDRESS	405 OHIO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CHESTER, KEITH L.	2.2 NAME	
STREET ADDRESS	165 W. OHIO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	HILTON, JAMES R.	3.2 NAME	ROGER ECKERT
STREET ADDRESS	242 PLEASANT ST.	3.3 STREET ADDRESS	247 VERMONT ST.
CITY-ST-ZIP	LAKE HELEN FL	3.4 CITY-ST-ZIP	LAKE HELEN FL 32744
TITLE	D	4.1 TITLE	
NAME	JUDITH, JONES	4.2 NAME	
STREET ADDRESS	572 JENNINGS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	KEESLING, BETTY R	5.2 NAME	
STREET ADDRESS	405 OHIO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	AMY, DAVILA	6.2 NAME	
STREET ADDRESS	165 W. OHIO AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	6.4 CITY-ST-ZIP	

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: BETTY R. KEESLING 04/22/96 904-220-3340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)