

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90280 033 ****61.25

DOCUMENT # 705857

1. Entity Name

LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

165 W. OHIO AVENUE
 PO BOX 952
 LAKE HELEN FL 32744

165 W. OHIO AVENUE
 PO BOX 952
 LAKE HELEN FL 32744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2648552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KEESLING, EVAN	
STREET ADDRESS	405 OHIO AVE	
CITY-ST-ZIP	LAKE HELEN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESTER, KEITH L.	
STREET ADDRESS	493 S. LAKEVIEW DR	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGER ECKERT	
STREET ADDRESS	247 VERMONT ST.	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDITH, JONES	
STREET ADDRESS	572 JENNINGS ST.	
CITY-ST-ZIP	LAKE HELEN, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEESLING, BETTY R	
STREET ADDRESS	405 OHIO AVE	
CITY-ST-ZIP	LAKE HELEN, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMY, DAVILA	
STREET ADDRESS	165 W. OHIO AVE.	
CITY-ST-ZIP	LAKE HELEN FL	

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	
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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 exemption stated in Section 119.07(3)(i), 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: Betty R. Keesling **KEESLING, TO** 21 **3216-228-3340**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)