



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90011 034 ****61.25

DOCUMENT # 705857 1. Entity Name LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.					
Principal Place of Business 630 W MAIN ST PO BOX 952 LAKE HELEN, FL 32744			Mailing Address 1630 W MAIN ST PO BOX 952 LAKE HELEN, FL 32744		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 952 Suite, Apt. #, etc.		 02232004 Chg-NP CR2E037 (10/03)	
City & State LAKE HELEN, FLORIDA		4. FEI Number 59-2648552			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WRIGHT, KATHERINE M. 452 SO EUCLID AVE LAKE HELEN, FL 32744		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEESLING, EVAN 405 OHIO AVE LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEESLING, EVAN 405 OHIO AVE LAKE HELEN, FL 32744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHESTER, KEITH L. 493 S. LAKEVIEW DR LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROGER ECKERT 247 VERMONT ST. LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROGER ECKERT 247 VERMONT ST LAKE HELEN, FL 32744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDITH, JONES 572 JENNINGS ST. LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KEESLING, BETTY R 405 OHIO AVE LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JUDITH B. LOCKWOOD 493 S. LAKEVIEW DR LAKE HELEN, FL 32744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AMY, DAVILA 165 W. OHIO AVE. LAKE HELEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Evans J. Keesling</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					