


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 705857 1. Entity Name LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.	
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Principal Place of Business 630 W MAIN ST PO BOX 952 LAKE HELEN, FL 32744	Mailing Address P.O. BOX 952 LAKE HELEN, FL 32744
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2648552	Applied For <input type="checkbox"/> Not Applicable
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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEESLING, EVAN 405 OHIO AVE LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER, KEITH L. 493 S. LAKEVIEW DR LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGER ECKERT 247 VERMONT ST. LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH, JONES 572 JENNINGS ST. LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOCKWOOD, JUDITH 493 S. LAKEVIEW DR. LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMY, DAVILA 165 W. OHIO AVE. LAKE HELEN, FL

U00000249349
03/02/05-80068-007 61.25

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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: JUDITH B. LOCKWOOD *Judith B. Lockwood* **2-28-05** **386-228-2145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #