


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 039 ****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 P.O. BOX 952 LAKE HELEN FL 32744
--------------------------------------------------------------------------------------------	----------------------------------------------------------------

2. Principal Place of Business 492 S. LAKEVIEW DR P.O. Box 39	3. Mailing Address 492 S. LAKEVIEW DR P.O. Box 39
-----------------------------------------------------------------------------	-----------------------------------------------------------------

City & State LAKE HELEN, FL	City & State LAKE HELEN, FL
Zip 32744	Country U.S.A.

1st MOORE	CR2E037 (10/05)
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	7. Name and Address of New Registered Agent Name Judith B. Lockwood Street Address (P.O. Box Number is Not Acceptable) 493 S. LAKEVIEW DR City LAKE HELEN FL Zip Code 32744
------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 <i>Judith B. Lockwood</i> Signature typed or printed name of registered agent and title if applicable.	Judith B. Lockwood 2-14-06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	VP KEESLING, EVAN 405 OHIO AVE 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	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	P ROGER ECKERT 247 VERMONT 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	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 LOCKWOOD, JUDITH 493 S. LAKEVIEW DR. LAKE HELEN FL 32744 <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	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 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: <i>Judith B. Lockwood</i> Signature typed or printed name of signing officer or director	Judith B. Lockwood 2-14-06