

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705857

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** LAKE HELEN EMERGENCY / DISASIER RESPONDER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

492 S LAKEVIEW DR  
PO BOX 39  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

492 S LAKEVIEW DR  
LAKE HELEN, FL 32744

**Current Mailing Address:**

492 S LAKEVIEW DR  
PO BOX 39  
LAKE HELEN, FL 32744

**New Mailing Address:**

**FEI Number:** 59-2648552      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOCKWOOD, JUDITH B  
493 S LAKEVIEW DR  
LAKE HELEN, FL 32744      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: KEESLING, EVAN,  
Address: 405 OHIO AVE  
City-St-Zip: LAKE HELEN, FL

Title: D      ( ) Delete  
Name: CHESTER, KEITH L.  
Address: 493 S. LAKEVIEW DR  
City-St-Zip: LAKE HELEN, FL

Title: P      ( ) Delete  
Name: ROGER ECKERT,  
Address: 247 VERMONT ST.  
City-St-Zip: LAKE HELEN, FL

Title: D      ( ) Delete  
Name: JUDITH, JONES  
Address: 572 JENNINGS ST.  
City-St-Zip: LAKE HELEN, FL

Title: TD      ( ) Delete  
Name: LOCKWOOD, JUDITH  
Address: 493 S. LAKEVIEW DR.  
City-St-Zip: LAKE HELEN, FL 32744

Title: S      ( ) Delete  
Name: AMY, DAVILA  
Address: 165 W. OHIO AVE.  
City-St-Zip: LAKE HELEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CHESTER, KEITH . L  
Address: 493 S. LAKEVIEW DR  
City-St-Zip: LAKE HELEN, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH B LOCKWOOD

SECR

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date