2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 705857

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

Current Principal Place of Business:

492 S LAKEVIEW DR
LAKE HELEN, FL 32744

New Principal Place of Business:

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:

CHESTER, KEITH L
493 S LAKEVIEW DR
LAKE HELEN, FL 32744 US

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: KEITH L CHESTER 04/30/2008
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

Title: TD (X) Change ( ) Addition
Name: MCNEELY, LYNN A
Address: 493 S. LAKEVIEW DR.
City-St-Zip: LAKE HELEN, FL 32744

Title: S (X) Change ( ) Addition
Name: AMY, DAVILA
Address: 165 W. OHIO AVE.
City-St-Zip: LAKE HELEN, FL 32744

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: LYNN A MCNEELY TD 04/30/2008
Electronic Signature of Signing Officer or Director Date