

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90083 047 ****61.25

DOCUMENT # 705857

1. Entity Name

LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.



Principal Place of Business

165 W. OHIO AVENUE
PO BOX 952
LAKE HELEN FL 32744

Mailing Address

165 W. OHIO AVENUE
PO BOX 952
LAKE HELEN FL 32744

40010104

2. Principal Place of Business

630 W. Main St.

3. Mailing Address

630 W. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 952

P.O. BOX 952

City & State

LAKE HELEN, FL

City & State

LAKE HELEN, FL

Zip

32744

Country

USA

Zip

32744

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2648552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete
P	KEESLING, EVAN	405 OHIO AVE	LAKE HELEN FL	<input type="checkbox"/>
D	CHESTER, KEITH L.	493 S. LAKEVIEW DR	LAKE HELEN FL	<input type="checkbox"/>
VP	ROGER ECKERT	247 VERMONT ST.	LAKE HELEN FL	<input type="checkbox"/>
D	JUDITH, JONES	572 JENNINGS ST.	LAKE HELEN FL	<input type="checkbox"/>
TD	KEESLING, BETTY R	405 OHIO AVE	LAKE HELEN FL	<input type="checkbox"/>
S	AMY, DAVILA	165 W. OHIO AVE.	LAKE HELEN FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty R. Keesling 1-13-03 228-3340

386-

CR2E037 (10/02)