


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

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90001 045 \*\*\*\*70.00

<b>DOCUMENT # 720545</b>					
1. Entity Name LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.					
Principal Place of Business 1448 CR 459 P.O. BOX 708 LAKE PANASOFFKEE, FL 33538			Mailing Address P.O. BOX 708 LAKE PANASOFFKEE, FL 33538		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1010045	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLIOT, GENE T 453 N C.R. 470 LAKE PANASOFFKEE, FL 33538			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, GENE T		NAME	<i>D KETH WOLFE</i>	
STREET ADDRESS	453 N CR 470		STREET ADDRESS	<i>2934 NC470</i>	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	<i>LAKE PANASOFFKEE, FL 33538</i>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVES, KENNETH L		NAME	<i>VPT D EVES KENNETH L</i>	
STREET ADDRESS	2396 CR 452, P.O. BOX 1375		STREET ADDRESS	<i>1034 CR 439B, P.O. BOX 1375</i>	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP	<i>LAKE PANASOFFKEE FL 33538</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENYON, VIRGINIA M		NAME		
STREET ADDRESS	POBOX 358		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAUSE, GRACE		NAME		
STREET ADDRESS	P.O. BOX 1099		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSTROWSKI, RICK		NAME		
STREET ADDRESS	4758 CR 307		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, ROGER A		NAME		
STREET ADDRESS	PO BOX 1222		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
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: <i>Gene T. Elliott</i>			Date: <i>05/31/2005</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		