

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720545

FILED  
Apr 03, 2006  
Secretary of State

**Entity Name:** LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

1448 CR 459  
P.O. BOX 708  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 708  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

**FEI Number:** 59-1010045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOT, GENE T  
453 N C.R. 470  
LAKE PANASOFFKEE, FL 33538 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: PD ( ) Delete  
Name: ELLIOTT, GENE T  
Address: 453 N CR 470  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: TDV ( ) Delete  
Name: EVES, KENNETH L  
Address: 1034 C R 439B, P O BOX 33538  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete  
Name: WOLFE, KETH  
Address: 2934 NCHTO  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD ( ) Delete  
Name: KRAUSE, GRACE  
Address: P.O. BOX 1099  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete  
Name: OSTROWSKI, RICK  
Address: 4758 CR 307  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete  
Name: NORTON, ROGER A  
Address: PO BOX 1222  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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

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

Title: TDV (X) Change ( ) Addition  
Name: EVES, KENNETH L  
Address: 1034 C R 439B, P O BOX 1375  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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 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: KENNETH L. EVES

TDV

04/03/2006

Electronic Signature of Signing Officer or Director

Date