


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 025 \*\*\*\*70.00

<b>DOCUMENT # 720545</b>	
1. Entity Name <b>LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.</b>	

Principal Place of Business <b>1448 CR 459</b> <del>P.O. BOX 708</del> <b>LAKE PANASOFFKEE, FL 33538</b>	Mailing Address <del>P.O. BOX 708</del> <b>LAKE PANASOFFKEE, FL 33538</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip  Country	3. Mailing Address <b>453 N. C.R. 470</b> <b>LAKE PANASOFFKEE, FLA.</b>  City & State  Zip <b>33538</b>  Country <b>USA</b>
---	---



07092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1010045</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ELLIOT, GENE T</b> <b>453 N C.R. 470</b> <b>LAKE PANASOFFKEE, FL 33538</b>	
--	--

7. Name and Address of New Registered Agent  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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, GENE T 453 N CR 470 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV EVES, KENNETH L 1034 C R 439B, P O BOX 1375 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, KETH 2934 NCHTO LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAUSE, GRACE P.O. BOX 1099 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROWSKI, RICK 4758 CR 307 LAKE PANASOFFKEE, FL 33538 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, ROGER A PO BOX 1222 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gene T. Elliott **GENE T. ELLIOTT** 7/14/2008 352-793-6601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #