

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 720545



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 - No P.O. Box #

3. Mailing Address
453 N. C.R. 470
 Suite, Apt. #, etc.
LAKE PANASOFFKEE, FLA.
 City & State

Suite, Apt. #, etc.

City & State

Zip

Country

Zip
33538

Country

USA



07092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1010045

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOT, GENE T
453 N C.R. 470
LAKE PANASOFFKEE, FL 33538

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ELLIOTT, GENE T**
 STREET ADDRESS **453 N CR 470**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TDV** Delete
 NAME **EVES, KENNETH L**
 STREET ADDRESS **1034 C R 439B, P O BOX 1375**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WOLFE, KETH**
 STREET ADDRESS **2934 NCHTO**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **KRAUSE, GRACE**
 STREET ADDRESS **P.O. BOX 1099**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OSTROWSKI, RICK**
 STREET ADDRESS **4758 CR 307**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NORTON, ROGER A**
 STREET ADDRESS **PO BOX 1222**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #