

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720545

FILED
Jan 17, 2009
Secretary of State

Entity Name: LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

1448 CR 459
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

453 N C.R. 470
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:

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

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: GENE T. ELLIOTT

01/17/2009

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 1375
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: 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFE, KIETH
Address: 2934 N CR 470
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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 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: GENE T. ELLIOTT

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date