

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

0011889

DOCUMENT # **720545**

1. Entity Name

**LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, IN  
C.**



07-14-2003 90332 018 \*\*\*\*70.00

Principal Place of Business <b>1448 CR 459 P.O. BOX 708 LAKE PANASOFFKEE FL 33538</b>	Mailing Address <b>P.O. BOX 708 LAKE PANASOFFKEE FL 33538</b>
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**10110093**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAY, LOUISE E  
2888 CR 422A  
LAKE PANASOFFKEE FL 33538**

**7. Name and Address of New Registered Agent**

Name  
**GENE T ELLIOTT**

Street Address (P.O. Box Number is Not Acceptable)

City  
**LAKE PANASOFFKEE**

FL Zip Code  
**33538**

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 *Gene T. Elliott* **GENE T. ELLIOTT** **7/10/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	<b>PD RAY, LOUISE E P.O. BOX 1197 LAKE PANASOFFKEE FL 33538</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD EVES, KENNETH L 2396 CR 452, P.O. BOX 1375 LAKE PANASOFFKEE FL 33538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HAYMON, GAYLE B P.O. BOX 1007 LAKE PANASOFFKEE FL 33538</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KRAUSE, GRACE P.O. BOX 1099 LAKE PANASOFFKEE FL 33538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSTROWSKI, RICK 4758 CR 307 LAKE PANASOFFKEE FL 33538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENYON, VIRGINIA 2348 CR 453, P.O. BOX 358 LAKE PANASOFFKEE FL 33538</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GENE T ELLIOTT 453 NORTH CR 470 LAKE PANASOFFKEE FL 33538</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ESTOK ROBERT 2635 CR 415 LAKE PANASOFFKEE FL 33538</b>	<input checked="" 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 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: *Gene T. Elliott* **GENE T. ELLIOTT PRES** **7/10/2003** **352-793-6601**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4/03)