

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

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

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

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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**

10110093



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1010045**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

GENE T ELLIOT

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. ELLIOT

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE T ELLIOT	
STREET ADDRESS	453 North CR 470	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTOK ROBERT	
STREET ADDRESS	2635 CR 415	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. ELLIOT

7/10/2003

352-793-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)