

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724338

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE LORIDA VOLUNTEER FIRE DEPARTMENT , INC.

Current Principal Place of Business:

1172 HIGHWAY 98
LORIDA, FL 33857

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
LORIDA, FL 33857

New Mailing Address:

FEI Number: 23-7450003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, KAREN S
1172 HIGHWAY 98
LORIDA, FL 33857 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: WOLFE, KAREN S
Address: 1172 HIGHWAY 98
City-St-Zip: LORIDA, FL 33857 US

Title: D () Delete
Name: SWENSON, SWEN
Address: 1172 HIGHWAY 98
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: SMITH, RED
Address: 1172 U.S. HIGHWAY 98
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: GRAHAM, SHAWN
Address: 1172 HIGHWAY 98
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: WEAVER, CLYDE
Address: 150 CANAL STREET
City-St-Zip: LORIDA, FL 33857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KAREN S. WOLFE

DT

03/24/2009

Electronic Signature of Signing Officer or Director

Date