

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724338

**FILED**  
**Feb 18, 2010**  
**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  
Name: WOLFE, KAREN S  
Address: 1172 HIGHWAY 98  
City-St-Zip: LORIDA, FL 33857 US

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

Title: D  
Name: MARTIN, GERALD  
Address: 1172 U.S. HIGHWAY 98  
City-St-Zip: LORIDA, FL 33857

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

Title: D  
Name: WEAVER, CLYDE  
Address: 1172 HIGHWAY 98  
City-St-Zip: LORIDA, FL 33857

I hereby 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 all other like empowered.

SIGNATURE: KAREN S WOLFE

DT

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date