FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726472 (4)

1. Corporation Name
LAKE ALFRED FIRE DEPARTMENT BENEVOLENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
185 EAST POMELO STREET LAKE ALFRED FL 33850	185 EAST POMELO STREET LAKE ALFRED FL 33850

3. Date Incorporated or Qualified: 05/22/1973
3a. Date of Last Report: 05/17/1994
4. FEI Number: 23-7399439 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRITTENDEN, ROBERT R
103 AVE A N W
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] BOBBY R CREECH SECRETARY 3-27-95
Signature, Typed or Printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DUNCAN, LARRY	1.2 NAME	WIGGINS, ROBERT	
STREET ADDRESS	360 S GOODMAN AVE	1.3 STREET ADDRESS	505 WINONA AVE.	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BEASLEY, BRIAN	2.2 NAME	NIX, WALLACE	
STREET ADDRESS	825 3RD ST LAKE IDA	2.3 STREET ADDRESS	220 S. BUENA VISTA	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CLOUD, LARRY	3.2 NAME		
STREET ADDRESS	355 GOODMAN AVE., S.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SNELL, LEONARD	4.2 NAME	CREECH, BOBBY	
STREET ADDRESS	310 S. GOODMAN AVE.	4.3 STREET ADDRESS	160 S. SEMINLOE AVE.	
CITY-ST-ZIP	LAKE ALFRED FL	4.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] BOBBY R CREECH SECRETARY 3-27-95 (813)956-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007648