

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **726472** (4)
1. Corporation Name

LAKE ALFRED FIRE DEPARTMENT BENEVOLENT ASSOCIATION, INC.



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

Mailing Address
**185 EAST POMELO STREET
LAKE ALFRED FL 33850**

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **04/19/1995**

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

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, ROBERT		12 NAME	Brian Baulser	
STREET ADDRESS	505 WINONA AVENUE		13 STREET ADDRESS	10405 Lakeshore Way Apt 6	
CITY-ST-ZIP	LAKE ALFRED FL		14 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIX, WALLACE		22 NAME	MATH WARD	
STREET ADDRESS	220 S. BUENA VISTA		23 STREET ADDRESS	430 E OAK	
CITY-ST-ZIP	LAKE ALFRED FL		24 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUD, LARRY		32 NAME		
STREET ADDRESS	355 GOODMAN AVE., S.		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL		34 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREECH, BOBBY		42 NAME	Wally Bell	
STREET ADDRESS	160 S. SEMINOLE AVE.		43 STREET ADDRESS	745 S. Winona Ave	
CITY-ST-ZIP	LAKE ALFRED FL		44 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wally Bell 5-28-96 941-956-4079
Date Daytime Phone #

CR2E037 (12/95)