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FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33850-2135
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3. Date Incorporated or Qualified 05/22/1973	3a. Date of Last Report 06/05/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 23-7399439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRIAN BEALSEY	
STREET ADDRESS	1040 S. LAKESHORE WAY, APT. G	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARK WOODARD	
STREET ADDRESS	430 E. OAK	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLOUD, LARRY	
STREET ADDRESS	355 GOODMAN AVE., S.	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALLY BELL	
STREET ADDRESS	745 S. WINONA AVE.	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIAN BEALSEY	
1.3 STREET ADDRESS	9940 EVANS RD.	
1.4 CITY-ST-ZIP	POIK CITY, FL 33868	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOFF ALAN	
2.3 STREET ADDRESS	145 E. PERICE ST.	
2.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wallace Nitz	
4.3 STREET ADDRESS	Winona Ave 660 Toddhunter Way	
4.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)

SIGNATURE _____ DATE **4/12/97** **941-291-5202**