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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

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

**185 EAST POMELO STREET  
LAKE ALFRED FL 33850-2135**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1973</b>	3a. Date of Last Report <b>06/05/1996</b>
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>23-7399439</b>	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		29 Country		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

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
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

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
NAME	BRIAN BEALSEY	1.2 NAME	BRIAN BEALSEY
STREET ADDRESS	1040 S. LAKESHORE WAY, APT. G	1.3 STREET ADDRESS	9940 EVANS RD.
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	POLO CITY, FL 33868
TITLE	VD	2.1 TITLE	VD
NAME	MARK WOODARD	2.2 NAME	JOHN ALAN
STREET ADDRESS	430 E. OAK	2.3 STREET ADDRESS	145 E. PERCIE ST.
CITY-ST-ZIP	LAKE ALFRED FL	2.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	D	3.1 TITLE	
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	S	4.1 TITLE	S
NAME	WALLY BELL	4.2 NAME	Wallace Nitz
STREET ADDRESS	745 S. WINONA AVE.	4.3 STREET ADDRESS	Winona Ave 660 Todd Hunter Way
CITY-ST-ZIP	LAKE ALFRED FL	4.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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)