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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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

3. Date Incorporated or Qualified

05/22/1973

4. FEI Number

23-7399439

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 185 East Pomelo St

26 185 East Pomelo St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Lake Alfred, FL

27 City & State
28 Lake Alfred, FL

24 Zip 33850 25 Country Polk

29 Zip 33850 30 Country Polk

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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

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	PO	<input checked="" type="checkbox"/> DELETE
NAME	BRIAN BEALSEY	
STREET ADDRESS	9940 EVANS ROAD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALAN, JEFF	
STREET ADDRESS	145 E PERICE STREET	
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 checked="" type="checkbox"/> DELETE
NAME	NIX, WALLACE	
STREET ADDRESS	680 TODHUNTER WAY	
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		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Randy H. H.	
1.3 STREET ADDRESS	City of The Woodlands	
1.4 CITY-ST-ZIP	Lake Alfred, FL 33850	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian Bealsey	
2.3 STREET ADDRESS	125 N. B. St.	
2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
3.1 TITLE	Isa Maine Allen	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Isa Maine Allen	
3.3 STREET ADDRESS	145 E. Perice St.	
3.4 CITY-ST-ZIP	Lake Alfred, FL 33850	
4.1 TITLE	Sec. S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	J. M. Brown	
4.3 STREET ADDRESS	215 N. B. St.	
4.4 CITY-ST-ZIP	Lake Alfred, FL 33850	
5.1 TITLE	Cloud Larry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cloud Larry	
5.3 STREET ADDRESS	355 Goodman Ave. S.	
5.4 CITY-ST-ZIP	Lake Alfred, FL 33850	
6.1 TITLE	For Additions See attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE:

Larry Cloud

2/19/98

(441) 956-4079

CR2E037 (10/97)

Title: D
Name: Wallace K. Nix
Street Address: 660 N. Todhunter Way
City, St., Zip: Lake Alfred, Fl. 33850

Title: D
Name: William C. Corgnell
Street Address: 465 S. Rochelle
City, St., Zip: Lake Alfred, Fl. 33850

Title: D
Name: David W. Tillman
Street Address: 4219 Lake Marianna Drive
City, St., Zip: Winter Haven, Fl. 33881