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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90020 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726472

1. Corporation Name

LAKE ALFRED FIRE DEPARTMENT BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

185 E POMELO ST
LAKE ALFRED FL 33850
US

Mailing Address

185 E POMELO ST
LAKE ALFRED FL 33850
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/22/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		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 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALI, RANDY	1.2 NAME	Duncan, Daion
STREET ADDRESS	675 E THELMA ST	1.3 STREET ADDRESS	735 E 20th St
CITY-ST-ZIP	LAKE ALFRED FL 33850	1.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, BRIAN	2.2 NAME	Beasley, Brian
STREET ADDRESS	125 7TH PL	2.3 STREET ADDRESS	121 9th Pl
CITY-ST-ZIP	WINTER HARBOR FL 33880	2.4 CITY-ST-ZIP	WINTER HARBOR, FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JIM	4.2 NAME	Brown, Jim
STREET ADDRESS	215 N BUENA VISTA DR	4.3 STREET ADDRESS	215 N. Buena Vista Dr
CITY-ST-ZIP	LAKE ALFRED FL 33850	4.4 CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUD, LARRY	5.2 NAME	Cloud, Larry
STREET ADDRESS	355 GOODMAN AVE S	5.3 STREET ADDRESS	355 Goodman Ave S
CITY-ST-ZIP	LAKE ALFRED FL 33850	5.4 CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LISA MARIE	6.2 NAME	Lisa Allen - Treasurer
STREET ADDRESS	145 E PRICE ST	6.3 STREET ADDRESS	145 E Price St
CITY-ST-ZIP	LAKE ALFRED FL 33850	6.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850

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, with all other like empowered.

SIGNATURE:

Lisa Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)