

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90487 039 ****70.00

DOCUMENT # 726472

1. Entity Name

**LAKE ALFRED FIRE DEPARTMENT BENEVOLENT ASSOCIATI
ON, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**185 E POMELO ST
LAKE ALFRED FL 33850
US**

**185 E POMELO ST
LAKE ALFRED FL 33850
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6000350

Applied For

Not Applicable

Zip

33850

Country
POLK

Zip

33850

Country
POLK

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **SMITH, ROGER**
STREET ADDRESS **305 E HOFFMAN ST**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JIM BROWN**
STREET ADDRESS **215 A N. BEUNA VISTA DR.**
CITY-ST-ZIP **LAKE ALFRED FL. 33850**

TITLE **PD** ☒ Delete
NAME **BROWN, JIM**
STREET ADDRESS **215 N BUENA VISTA**
CITY-ST-ZIP **LAKE ALFRED FL 33856**

TITLE **MARK DEKARD** ☐ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **4133 HICKORY LN.**
CITY-ST-ZIP **WINTER HAVEN FL. ##(*) 33880**

TITLE **S** ☒ Delete
NAME **BILILEO, CARL**
STREET ADDRESS **11921 OLD GRADE RD**
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **CARL GILILEL** ☒ Change ☐ Addition
NAME **TREAS**
STREET ADDRESS **11921 OLD GRADE RD.**
CITY-ST-ZIP **POLK CITY**

TITLE **D** ☒ Delete
NAME **CLOUD, LARRY**
STREET ADDRESS **355 GOODMAN AVE S**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JEFF ALLEN**
STREET ADDRESS **185 E. POMELO ST.**
CITY-ST-ZIP **LAKE ALFRED FL. 33850**

TITLE **T** ☒ Delete
NAME **BEASLEY, BRIAN**
STREET ADDRESS **3309 QUEENS COVE LOOP**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **LARRY CLOUD** ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **355 GOODMAN AVE.**
CITY-ST-ZIP **LAKE ALFRED FL. 33850**

TITLE **FC** ☒ Delete
NAME **CLOUD, LARRY**
STREET ADDRESS **355 S GOODMAN AVE**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **MIKE CORGNELL**
STREET ADDRESS **185 E. POMELO ST.**
CITY-ST-ZIP **LAKE ALFRED FL. 33850**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

(563)

6-12-02 956-8710