

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90260 003 \*\*\*\*61.25

<b>DOCUMENT # 729602</b>					
<b>1. Entity Name</b> ST. JAMES-LANARK VOLUNTEER FIRE DEPARTMENT, INC.					
<b>Principal Place of Business</b> 2366 OAK ST LANARKVILLE, FL 32323			<b>Mailing Address</b> P.O. BOX 1257 LANARK VILLAGE, FL 32323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2168093	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b>  LANCE, CHRIS 45-1 CARLTON AVE LANARK VILLAGE, FL 32323			<b>7. Name and Address of New Registered Agent</b> Name <u>CHANDLER, JOHN T.</u> Street Address (P.O. Box Number is Not Acceptable) <u>55-6 PARKER AVE</u> City <u>LANARK VILLAGE</u> FL <u>32323</u>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>JOHN T. CHANDLER</u>				DATE <u>4-20-07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> LANCE, CHRIS <b>STREET ADDRESS</b> P.O. BOX 1226 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> CHANDLER, JOHN T. <b>STREET ADDRESS</b> P.O. BOX 1372 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AC <b>NAME</b> SAVAGE, MARK <b>STREET ADDRESS</b> 2366 OAK ST <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		<b>TITLE</b> AC <b>NAME</b> DAVID CURRY <b>STREET ADDRESS</b> 8277 OAK ST <b>CITY-ST-ZIP</b> CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> CHANDLER, KATHY <b>STREET ADDRESS</b> PO BOX 1186 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> DORRIGER, JANET M. <b>STREET ADDRESS</b> P.O. BOX 458 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CHANDLER, JO ELLEN <b>STREET ADDRESS</b> PO BOX 1372 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> CHANDLER, JO ELLEN <b>STREET ADDRESS</b> P.O. BOX 1372 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> RUNDELL, MIKE <b>STREET ADDRESS</b> P.O. BOX 493 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> RUNDELL, MIKE <b>STREET ADDRESS</b> P.O. BOX 493 <b>CITY-ST-ZIP</b> LANARK VILLAGE, FL 32323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE: JOELLEN CHANDLER</b>			Date <u>4-20-07</u> Daytime Phone # <u>850-697-8544</u>		