


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90015 031 ****61.25

DOCUMENT # 729602 1. Entity Name ST. JAMES-LANARK VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 2366 OAK ST LANARKVILLE, FL 32323			Mailing Address P.O. BOX 1257 LANARK VILLAGE, FL 32323		
2. Principal Place of Business - No P.O. Box # 2366 OAK ST.		3. Mailing Address Suite, Apt. #, etc.			
City & State LANARK VILLAGE, FL.		City & State Suite, Apt. #, etc.		4. FEI Number 59-2168093	
Zip 32323		Country FRANKLIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANCE, CHRIS 45-1 CARLTON AVE LANARK VILLAGE, FL 32323			7. Name and Address of New Registered Agent Name MIKE RUNDEL Street Address (P.O. Box Number is Not Acceptable) 38-8 HOLLAND City LANARK VILLAGE FL Zip Code 32323		
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. SIGNATURE MIKE RUNDEL <i>Mike Rundel</i> 4-19-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME CHANDLER, JOHN T STREET ADDRESS P.O. BOX 1372 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		TITLE C- NAME RUNDEL, MIKE STREET ADDRESS P.O. BOX 493 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AC NAME CURRY, DAVID STREET ADDRESS 2277 OAK ST CITY-ST-ZIP CARRABELLE, FL 32322	<input type="checkbox"/> Delete		TITLE AC NAME CURRY, DAVID STREET ADDRESS 2277 OAK ST CITY-ST-ZIP CARRABELLE, FL. 32322	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME DORRIER, JANET M STREET ADDRESS P.O. BOX 458 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		TITLE S NAME DORRIER, JANET M. STREET ADDRESS P.O. BOX 458 CITY-ST-ZIP LANARK VILLAGE, FL. 32323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CHANDLER, JO ELLEN STREET ADDRESS PO BOX 1372 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		TITLE SD NAME DENIG, KATHY STREET ADDRESS P.O. BOX 170 CITY-ST-ZIP CARRABELLE, FL. 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME RUNDELL, MIKE STREET ADDRESS P.O. BOX 493 CITY-ST-ZIP LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete		TITLE T NAME CHANDLER, JOELLEN STREET ADDRESS P.O. BOX 1372 CITY-ST-ZIP LANARK VILLAGE, FL. 32323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE P NAME RUNDEL, MIKE STREET ADDRESS P.O. BOX 493 CITY-ST-ZIP LANARK VILLAGE, FL. 32323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated 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.					
SIGNATURE: JOELLEN CHANDLER <i>Joellen Chandler</i> 4-19-08 850-691-8544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					