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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734800 (6)

1. Corporation Name

LOUGHMAN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

CAMPBELL ROAD, S-54
P. O. BOX 320
LOUGHMAN FL 33858CAMPBELL ROAD, S-54
P. O. BOX 320
LOUGHMAN FL 33858-03203. Date Incorporated or Qualified
12/31/19753a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNTER, BILLY
BARTOW AIR BASE BLDG 410
BARTOW, FLA

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	TD	<input type="checkbox"/> DELETE
NAME	BUTLER, JOSEPHINE	
STREET ADDRESS	OLD LAKE WILSON RD.	
CITY - ST - ZIP	LOUGHMAN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEUSS, GREGORY	
STREET ADDRESS	HANGING MOSS ROAD	
CITY - ST - ZIP	LOUGHMAN FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, DONNA	
STREET ADDRESS	OLD LAKE WILSON RD	
CITY - ST - ZIP	LOUGHMAN FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD DAVID Caulifield
3.3 STREET ADDRESS	162 Sunrise Rd
3.4 CITY - ST - ZIP	Loughman, FL

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROVES, DONNY	
STREET ADDRESS	PETES LANE	
CITY - ST - ZIP	LOUGHMAN FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVP DANNY Groves
4.3 STREET ADDRESS	622 Petes Ln
4.4 CITY - ST - ZIP	Loughman, FL

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUSCHKE, CHARLIE	
STREET ADDRESS	15 OAK RIDGE RD	
CITY - ST - ZIP	DAVENPORT FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	DVP D	<input type="checkbox"/> DELETE
NAME	PAYNE, MATT	
STREET ADDRESS	OXFORD ROAD 304 Petes Ln	
CITY - ST - ZIP	LOUGHMAN FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Signature and typed or printed name of signing officer or director

1-22-97 941 421-3380

CR2E037 (9/96)