


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 CAMPBELL ROAD, S-54 P. O. BOX 320 513 LOUGHMAN FL 33858			Mailing Address CAMPBELL ROAD, S-54 P. O. BOX 320 513 LOUGHMAN FL 33858		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 12/31/1975 4. FEI Number 52-9600809 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent GUNTER, BILLY BARTOW AIR BASE BLDG 410 BARTOW, FLA			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	BUTLER, JOSEPHINE				
STREET ADDRESS	OLD LAKE WILSON RD.				
CITY-ST-ZIP	LOUGHMAN FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GEUSS, GREGORY				
STREET ADDRESS	NANGING MOSS ROAD				
CITY-ST-ZIP	LOUGHMAN FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	DAVID CAULFIELD				
STREET ADDRESS	162 SUNRISE RD.				
CITY-ST-ZIP	LOUGHMAN FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	GROVES, DONNY				
STREET ADDRESS	622 PETES LANE				
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				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	PAYNE, MATT				
STREET ADDRESS	324 PETES LANE				
CITY-ST-ZIP	LOUGHMAN FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	John BREWER				
5.3 STREET ADDRESS	420 HART RD				
5.4 CITY-ST-ZIP	LOUGHMAN FL 33858				
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Josephine Butler 1-13-98 941 12/30/97

CR2E037 (10/97)