FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736401 (1)

1. Corporation Name

LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
NORTH 441 & N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681	NORTH 441 & N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1822508 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PERRY, LAWRENCE
21950 N US HWY 441
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

81 Name: James Siebert
82 Street Address (P.O. Box Number is Not Acceptable): Hwy 318, West
83
84 City: Orange Lake FL 85 Zip Code: 32681

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James R Siebert — Feb. 28, 1995
(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	TS	1.1 TITLE	☐ Change ☐ Addition
NAME	KANAAN, NANCY	1.2 NAME	
STREET ADDRESS	6415 W HWY 320	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	D ☑ Change ☐ Addition
NAME	SHOCKLEY, LARRY	2.2 NAME	Shockley, Laary
STREET ADDRESS	9350 NW 200 ST RD	2.3 STREET ADDRESS	9350 NW 200 ST. Rd.
CITY-ST-ZIP	MICANOPY FL	2.4 CITY-ST-ZIP	Micanopy, Florida
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, LAWRENCE	3.2 NAME	
STREET ADDRESS	21950 N US HWY 441	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	P ☑ Change ☐ Addition
NAME	SIEBERT, JAMES	4.2 NAME	Siebert, James
STREET ADDRESS	P O BOX 223, HWY 318 W N/A	4.3 STREET ADDRESS	P.O. Box 223, Hwy 318 W/N
CITY-ST-ZIP	ORANGE LK, FL 00000	4.4 CITY-ST-ZIP	Orange Lake, Florida 32681
TITLE	P	5.1 TITLE	VP ☑ Change ☐ Addition
NAME	DATSON, TANIS	5.2 NAME	Datson, Tanis
STREET ADDRESS	5380 NW 191 PL	5.3 STREET ADDRESS	5380 N.W 191 Pl.
CITY-ST-ZIP	ORANGE LAKE FL	5.4 CITY-ST-ZIP	Orange Lake, FL 32681
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TEAL, ED	6.2 NAME	
STREET ADDRESS	BOX 611 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORGANE LAKE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy N. Kanaan — NANCY N. KANAAN — 3/2/95 — (904) 591-1047
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #
Secretary / Treasurer

0010458