

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 736401 (1)**  
1. Corporation Name  
**LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>NORTH 441 &amp; N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681</b>	Mailing Address <b>NORTH 441 &amp; N.W. 189 ST. BOX 113 ORANGE LAKE FL 32681</b>
---	---

3. Date Incorporated or Qualified <b>07/16/1976</b>	
4. FEI Number <b>59-1822508</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
---	--

9. Name and Address of Current Registered Agent  
**PERRY, LAWRENCE  
21950-NORTH US HWY 441  
MCINTOSH FL 32684**

10. Name and Address of New Registered Agent  
81 Name **James Siebert**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4411 W ST RD 318**  
83 **P.O. Box 223**  
84 City **Orange Lake FL** 85 Zip Code **32681**

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 *James Siebert* **James Siebert P.** DATE **2-27-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SAMUELS, EDGAR</b>	
STREET ADDRESS	<b>21479-NW 57 AVE</b>	
CITY-ST-ZIP	<b>MCINTOSH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>TYSON, CALVIN</b>	
STREET ADDRESS	<b>10925-W HWY 318</b>	
CITY-ST-ZIP	<b>REDDICK FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SIEBERT, JAMES</b>	
STREET ADDRESS	<b>P.O. BOX 223 W. HWY. 318</b>	
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHOCKLEY, LARRY</b>	
STREET ADDRESS	<b>9350-N.W. 200TH ST. RD.</b>	
CITY-ST-ZIP	<b>MICANOPY FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>PERRY, LAWRENCE</b>	
STREET ADDRESS	<b>21950-N. U.S. HWY. 441</b>	
CITY-ST-ZIP	<b>MCINTOSH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>TEAL, ED</b>	
STREET ADDRESS	<b>BOX 611 Lake</b>	
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bill Wethers</b>	
1.3 STREET ADDRESS	<b>21435 NW 29th</b>	
1.4 CITY-ST-ZIP	<b>Mcintosh FLA</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Leslie Snoddy</b>	
2.3 STREET ADDRESS	<b>P.O. Box 407</b>	
2.4 CITY-ST-ZIP	<b>Mcintosh FL</b>	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Wayne PUGLIARNA</b>	
3.3 STREET ADDRESS	<b>P.O. Box 808</b>	
3.4 CITY-ST-ZIP	<b>Orange Lake FL</b>	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Scott Albright</b>	
4.3 STREET ADDRESS	<b>5500 NW 160st</b>	
4.4 CITY-ST-ZIP	<b>Reddick FL 32686</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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)(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: *James Siebert* **James Siebert** DATE **2-27-98** **352-5917807**

CR2E037 (10/97)