

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 023 \*\*\*\*61.25

**DOCUMENT # 737849**

1. Entity Name  
**PLACID LAKES VOLUNTEER FIRE DEPARTMENT**



Principal Place of Business  
300 WASHINGTON BL NW  
PO BOX 1538  
LK PLACID, FL 33862

Mailing Address  
300 WASHINGTON BL NW  
PO BOX 1538  
LK PLACID, FL 33862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-1730870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUART, JOSEPH H.  
742 APPLE AVE W.  
LAKE PLACID, FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 S ☐ Delete  
NAME FORTIER, JEANNE  
STREET ADDRESS 3319 PLACID VIEW DRIVE  
CITY-ST-ZIP LAKE PLACID, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☐ Delete  
NAME FORTIER, MARK  
STREET ADDRESS 3319 PLACID VIEW DRIVE  
CITY-ST-ZIP LK PLACID, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME KOOPMAN, THERESA  
STREET ADDRESS 210 CAROLINE ST NW  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MURRAY, DOUGLAS W  
STREET ADDRESS 778 HAWK AVE NW  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MARQUART, JOSEPH H  
STREET ADDRESS 742 APPLE AVE. NW  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/06

863-465-7805