

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741815**

1. Entity Name  
**LAKEPORT VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**90 E HWY 78  
MOORE HAVEN, FL 33471**

Mailing Address  
**90 E HWY 78  
MOORE HAVEN, FL 33471**



01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2280105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**YOUNG, WALTER  
10620 SPURGEON DRIVE NW  
MOORE HAVEN, FL 33471**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
LAWHON, CHARLES, JR  
RT 2 BOX 11105 LAWHON RD  
MOORE HAVEN, FL 33471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
YOUNG, WALTER  
10620 SPURGEON DR NW  
MOORE HAVEN, FL 33471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
RANDOLPH, BEN  
1400 BASS-O-FARM RDS NW  
MOORE HAVEN, FL 33471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WHIDDON, STUART  
2630 OLD LAKE PORT RD NW  
MOORE HAVEN, FL 33471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000005908  
01/16/04-80011-024 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Charles H. Lawhon Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/04* *863-946-3227*  
Date Daytime Phone #