


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741815</b> 1. Entity Name <b>LAKEPORT VOLUNTEER FIRE DEPARTMENT, INC.</b>	
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Principal Place of Business <b>90 E HWY 78 MOORE HAVEN, FL 33471</b>	Mailing Address <b>90 E HWY 78 MOORE HAVEN, FL 33471</b>
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01162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2280105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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: *Walter Young* *JAN 17, 2005*  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

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01/21/05-80035-006 61.25

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 Lawhon Jr* *JANUARY 17, 2005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

863-946-