2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 741815

1. Entity Name

LAKEPORT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
90 E HWY 78 MOORE HAVEN FL 33471	90 E HWY 78 MOORE HAVEN FL 33471

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	PCD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAWHON, CHARLES , JR		NAME	
STREET ADDRESS	RT 2 BOX 11105 LAWHON RD		STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	YOUNG, WALTER		NAME	
STREET ADDRESS	10620 SPURGEON DR NW		STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Add
NAME	RANDOLPH, BEN		NAME	
STREET ADDRESS	1400 BASS-O-FARM RDS NW		STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WHIDDON, STUART		NAME	
STREET ADDRESS	2630 OLD LAKE PORT RD NW		STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in *Section 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: Walter R Young 04-3946-059