2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741815

FILED Mar 11, 2009 Secretary of State

Entity Name: LAKEPORT VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

90 E HWY 78 12999 E. STATE HWY 78 MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471

Current Mailing Address: New Mailing Address:

90 E HWY 78 12999 E. STATE HWY 78 MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471

FEI Number: 59-2280105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, WALTER
10620 SPURGEON DRIVE NW
MOORE HAVEN, FL 33471 US
YOUNG, WALTER
1061 SPURGEON DRIVE
MOORE HAVEN, FL 33471 US

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.

SIGNATURE: WALTER R YOUNG 03/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCD () Delete
 Title:
 PCD (X) Change () Addition

 Name:
 LAWHON, CHARLES, JR,
 Name:
 LAWHON, CHARLES, JR,

 Address:
 11105 LAWTON RD
 Address:
 11105 LAWHON RD

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:
 MOORE HAVEN, FL 33471

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 YOUNG, WALTER
 Name:
 YOUNG, WALTER

 Address:
 10620 SPURGEON DR NW
 Address:
 1061 SPURGEON DR

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:
 MOORE HAVEN, FL 33471

Title: DT () Delete Title: () Change () Addition

 Name:
 RANDOLPH, BEN
 Name:

 Address:
 1450 BASS-O-FARM RD NW
 Address:

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 WHIDDON, STUART
 Name:

 Address:
 2630 OLD LAKE PORT RD NW
 Address:

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LAWHON, JR CHIE 03/11/2009