

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741815

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

12999 E. STATE HWY 78  
MOORE HAVEN, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

12999 E. STATE HWY 78  
MOORE HAVEN, FL 33471

**New Mailing Address:**

**FEI Number:** 59-2280105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: LAWHON, CHARLES , JR  
Address: 11105 LAWHON RD  
City-St-Zip: MOORE HAVEN, FL 33471

Title: VD  
Name: YOUNG, WALTER  
Address: 1061 SPURGEON DR  
City-St-Zip: MOORE HAVEN, FL 33471

Title: DT  
Name: RANDOLPH, BEN  
Address: 1450 BASS-O-FARM RD NW  
City-St-Zip: MOORE HAVEN, FL 33471

Title: SD  
Name: WHIDDON, STUART  
Address: 2630 OLD LAKE PORT RD NW  
City-St-Zip: MOORE HAVEN, FL 33471

I hereby 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 all other like empowered.

SIGNATURE: CHARLES LAWHON JR.

PCD

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date