

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90014 010 ****61.25

DOCUMENT # 743267 1. Entity Name SUN 'N LAKE VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 460 SUN-N-LAKES BLVD. LAKE PLACID, FL 33852 US			Mailing Address P.O. BOX 1826 LAKE PLACID, FL 33862 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01302005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHEL, JACK 131-TEMPTATION COURT LAKE PLACID, FL 33852			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDREWS, JASON L 240 SILVER COURT LAKE PLACID, FL 33852	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RICHEL, JACK L. 131 TEMPTATION COURT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHEL, JACK L 131 TEMPTATION COURT LAKE PLACID, FL 33852	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDRA DAUGHTAY 258 E. ROYAL PALM AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREWS, CHARLES 185 POLK STREET LAKE PLACID, FL 33852	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS MCNAMARA 728 LAKE BETHY DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	E ELMER MUNGO 187 APPLE TREE AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: <u>Jack L. Richie</u>			2-20-05 863-465-1983		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

JACK L. RICHEL