

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP

CR2E037 (4/06)

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

**SCHUHAM, STANLEY P
120 FOREVER AVE.
LAKE PLACID, FL 33852**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
05/01/08-80010-004 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHUHAM, STANLEY P 120 FOREVER AVE. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, JASON LUKE 1548 CEDAR BROOK STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, THOMAS 728 LAKE BETTY DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHTERY, SANDRA 258 E. ROYAL PALM DRIVE AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNGO, ELMER 117 APPLE TREE AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAVERS, TAMARA 108 MARKS RD. VENUS, FL 33960

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY SCHUHAM

4-15-08

Date

863-699-3708

Daytime Phone #