

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743267

FILED
Jan 12, 2009
Secretary of State

Entity Name: SUN 'N LAKE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

460 SUN-N-LAKES BLVD.
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1826
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHUHAM, STANLEY P
120 FOREVER AVE.
LAKE PLACID, FL 33852 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: PTD () Delete
Name: SCHUHAM, STANLEY P
Address: 120 FOREVER AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: ANDREWS, JASON LUKE
Address: 1548 CEDAR BROOK STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MCNAMARA, THOMAS
Address: 728 LAKE BETTY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: DAUGHTERY, SANDRA
Address: 258 E. ROYAL PALM DRIVE AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Delete
Name: MUNGO, ELMER
Address: 117 APPLETREE AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Delete
Name: DEEVERS, TAMARA
Address: 108 MARKS RD.
City-St-Zip: VENUS, FL 33960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DEEVERS, TAMARA
Address: 108 MARKS RD.
City-St-Zip: VENUS, FL 33960

Title: VD (X) Change () Addition
Name: MCNAMARA, THOMAS
Address: 728 LAKE BETTY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: MUNGO, ELMER
Address: 117 APPLETREE AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SHUHAM STANLEY P

PTD

01/12/2009

Electronic Signature of Signing Officer or Director

Date