

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746046

FILED
Jan 14, 2009
Secretary of State

Entity Name: LAKE TROPICANNA FIRE DEPARTMENT INC.

Current Principal Place of Business:

17700 SW 36TH TR LP
DUNNELLON, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2654
DUNNELLON, FL 34430 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:

PERRONE, ANDREW
18982 SW 51 LN.
189TH CT & 36TH ST.
DUNNELLON, FL 34432 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: D () Delete
Name: DONALD, PARK SR
Address: 2941 SW 186 COURT
City-St-Zip: DUNNELLON, FL

Title: SD () Delete
Name: MATTINGLY, LOIS,
Address: 3450 SW 152 CT
City-St-Zip: Ocala, FL

Title: SD () Delete
Name: MAYNARD, JAY C
Address: 17791 SW 40TH ST
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: PERRONE, ANDREW,
Address: 18809 SW 31ST ST
City-St-Zip: DUNNELLON, FL

Title: D () Delete
Name: WISE, ALAN
Address: 3530 S.W. 183 TR.
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: REPLOGLE, RONALD D SR
Address: 4771 SW 166TH COURT ROAD
City-St-Zip: Ocala, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANDREW PERRONE

Electronic Signature of Signing Officer or Director

R.A.

01/14/2009

_____ Date