

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747414 (1)**

1. Corporation Name  
**LLOYD VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business COUNTY ROAD 158, JENCTION 59 P. O. BOX 201 LLOYD FL 32337	Mailing Address COUNTY ROAD 158, JENCTION 59 P. O. BOX 201 LLOYD FL 32337
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1979</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>59-2020189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**WEINRICH, JERRY**  
**4503 LLOYD ACRES ROAD**  
**P O BOX 421 N/A**  
**LLOYD FL 32337**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<i>Fire Chief &amp; Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINRICH, JERRY</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 421 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LLOYD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<i>President &amp; Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTTER, DIANE</b>	2.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 4446-G N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTICELLI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDERSLICE, SAMUEL</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 304 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LLOYD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODGES, BETTY</b>	4.2 NAME	
STREET ADDRESS	<b>RR 4 BOX 4574 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>FCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAHOOM, PAUL J</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX 85- LLOYD ROAD N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LLOYD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, TERRY</b>	6.2 NAME	
STREET ADDRESS	<b>RR 4 BOX 4505 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CP2E037 (4/97)