

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747414

FILED
Apr 14, 2009
Secretary of State

Entity Name: LLOYD VOLUNTEER FIRE RESCUE DEPARTMENT, INC.

Current Principal Place of Business:

COUNTY ROAD 158
LLOYD, FL 32337

New Principal Place of Business:

Current Mailing Address:

PO BOX 201
LLOYD, FL 32337

New Mailing Address:

205 OMA RD
MONTICELLO, FL 32344

FEI Number: 59-2020189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKSIE, CAROLYN
201 OMA RD
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

COOKSEY, CAROLYN
205 OMA RD
MONTICELLO, FL 32344 US

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: CAROLYN COOKSEY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MCCLELLAN, LEE
Address: 59 SPRINGFIELD
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: COOKSEY, CAROLYN
Address: 205 OMA RD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WILLIAMS, MONTENE
Address: 180 QUAIL LANE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WILLIAMS, JOHN
Address: 180 QUAIL LANE
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: DURPUIS, JACQUELYN
Address: 127 JACOB'S LANE
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: EDWARDS, WALTER
Address: P.O. BOX 8
City-St-Zip: LLOYD, FL 32337

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: CAROLYN COOKSEY

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date