FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754493** **(5)**

1. Corporation Name

LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
BOX 25 LEE FL 32059	BOX 25 LEE FL 32059

3. Date Incorporated or Qualified: **10/06/1980**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2367740** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MCMULLEN, LINDA
304 EAST BROAD
LEE FL 32059

10. Name and Address of New Registered Agent

81 Name: Jay Lee
82 Street Address (P.O. Box Number is Not Acceptable): RT 1 BOX 855
83
84 City: Lee **FL** 85 Zip Code: 32059

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: Jay Lee — DATE: Apr. 29, 1996

Signature, type 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCMULLEN, EDWIN		1.2 NAME		
STREET ADDRESS	304 EAST BROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ODOM, JOE		2.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 85		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	MCMULLEN, LINDA		3.2 NAME	Jay Lee	
STREET ADDRESS	304 EAST BOARD		3.3 STREET ADDRESS	RT 1 box 855	
CITY-ST-ZIP	LEE FL		3.4 CITY-ST-ZIP	Lee, Fl 32059	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCNICOL, DOUG		4.2 NAME		
STREET ADDRESS	RT 1 BOX 835		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNICOL, JAMES		5.2 NAME		
STREET ADDRESS	306 EAST BROAD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEE FL		5.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	6.1 TITLE	900001880719	☐ Change ☐ Addition
NAME	KIRKLAND, MIKE		6.2 NAME	-07/01/96--01043--038	
STREET ADDRESS	SEABOARD ST		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	LEE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jay Lee Secretary/Treasure — April 29, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # CS 6/28/96