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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32059-0025

3. Date Incorporated or Qualified: 10/06/1980
3a. Date of Last Report: 06/28/1996

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

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

9. Name and Address of Current Registered Agent

LEE, JAY
RT 1 BOX 855
LEE FL 32059

10. Name and Address of New Registered Agent

81 Name: DOUG McNICOL
82 Street Address (P.O. Box Number is Not Acceptable): RT 1 Box 835
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: Doug McNicol 6/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	LEE, JAYDA		3.2 NAME	Doug McNicol	
STREET ADDRESS	RT 1 BOX 855		3.3 STREET ADDRESS	RT 1 Box 835	
CITY-ST-ZIP	LEE FL 32059		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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible] 6/16/97