

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754493

FILED
Apr 29, 2005
Secretary of State

Entity Name: LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

317 NE CR 255
LEE, FL 32059

New Principal Place of Business:

Current Mailing Address:

317 NE CR 255
LEE, FL 32059

New Mailing Address:

P O BOX 25
LEE, FL 32059

FEI Number: 59-2367740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MAURICE J
336 SE CHILKAT ST
LEE, FL 32059 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: P () Delete
Name: RUTHERFORD, LEROY
Address: 868 NE RUTHERFORD RD
City-St-Zip: LEE, FL 32059

Title: VD () Delete
Name: ODOM, JOE
Address: RT 1 BOX 85, SE 95TH AVE
City-St-Zip: LEE, FL 32059

Title: ST () Delete
Name: WHITFIELD, JASON
Address: 7512 SE FARM RD
City-St-Zip: LEE, FL 32059

Title: D (X) Delete
Name: WIRICK, SHANNON
Address: RT 1 BOX 821
City-St-Zip: LEE, FL 32059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: THOMAS, MAURICE J
Address: 336 SE CHILKAT RD
City-St-Zip: LEE, FL 32059

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 for the exemption stated in Section 119.07(3)(i), 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: LEROY RUTHERFORD

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date