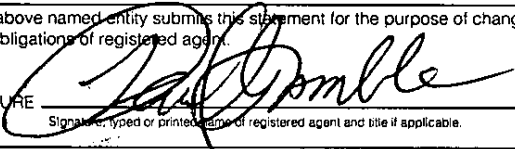
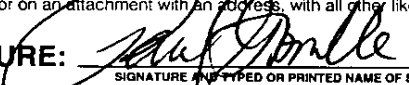


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 019 ****70.00

DOCUMENT # 770635 1. Entity Name LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business LURAVILLE VFD, 20510 180TH ST LIVE OAK, FL 32060 US			Mailing Address LURAVILLE VFD, INC. 20510 180TH ST LIVE OAK, FL 32060-5200 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2863063	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAMBLE, PAUL 18791 168TH ST LIVE OAK, FL 32060				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 2-12-06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LANE, DAVID A		NAME		
STREET ADDRESS	16525 184TH ST		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALFORD, DAVID SR		NAME		
STREET ADDRESS	15602 221 ST RD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WADSWORTH, WINNIE		NAME		
STREET ADDRESS	15790 176TH ST		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARRISON, CHRIS		NAME		
STREET ADDRESS	14171 176TH ST		STREET ADDRESS		
CITY-ST-ZIP	MCALPIN, FL 32062		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GAMBLE, PAUL		NAME		
STREET ADDRESS	18791 168TH ST		STREET ADDRESS		
CITY-ST-ZIP	MCALPIN, FL 32062		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WADSWORTH, RUSSELL		NAME		
STREET ADDRESS	15790 176TH ST		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul Gamble		
			Date 2-12-06		
			Daytime Phone # 386-776-1653		

ATTACHMENT



60015408

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.
LURAVILLE VFD, INC.
20510 180TH ST
LIVE OAK, FL 32060-5200 US

SUBJECT: LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.
Ref. Number: 770635

We have received your check(s) totaling \$70.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 006A00009285