2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# 770635

Entity Name: LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

LURAVILLE VFD,
20510 180TH ST
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

LURAVILLE VFD, INC.
20510 180TH ST
LIVE OAK, FL 320605200 US

New Mailing Address:

FEI Number: 59-2863063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBLE, PAUL
18791 168TH ST
LIVE OAK, FL 32060 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
Name: CROSSNO, ARNOLD
Address: 14004 217RD
City-St-Zip: LIVE OAK, FL 32060

Title: VP
Name: ALFORD, DAVID SR
Address: 15602 221 ST RD
City-St-Zip: LIVE OAK, FL 32060

Title: T
Name: WADSWORTH, WINNIE
Address: 15790 176TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: D
Name: HARRISON, CHRIS
Address: 14171 176TH ST
City-St-Zip: MCALPIN, FL 32062

Title: D
Name: GAMBLE, PAUL
Address: 18791 168TH ST
City-St-Zip: MCALPIN, FL 32062

Title: D
Name: WADSWORTH, RUSSELL
Address: 15790 176TH ST
City-St-Zip: LIVE OAK, FL 32060

I hereby 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 all other like empowered.

SIGNATURE: PAUL GAMBLE CAPT 01/04/2010

Electronic Signature of Signing Officer or Director Date