

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 041 ****61.25

DOCUMENT # N00000006621 1. Entity Name THE LAKE HAMILTON VOLUNTEER FIRE, INC.					
Principal Place of Business 75 BROADWAY ST. LAKE HAMILTON, FL 33851				Mailing Address P.O. BOX 195 LAKE HAMILTON, FL 33851-0195	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARTIGAN, JOHN D 241 S 7TH ST P.O. BOX 768 LAKE HAMILTON, FL 33851				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANSON, RICHARD		NAME		
STREET ADDRESS	505 N. PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKWELL, L.B.		NAME		
STREET ADDRESS	515 SAMPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTIGAN, JOHN D		NAME		
STREET ADDRESS	241 S 7TH ST P.O. BOX 768		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAIR, JOHN R		NAME		
STREET ADDRESS	221 SAMPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JACK		NAME		
STREET ADDRESS	1513 CHICAGO AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASLEY, TEO		NAME	BEASLEY, TEO	
STREET ADDRESS	222 S. 7TH PO BOX 583		STREET ADDRESS	222 S. 7TH ST Box 583	
CITY-ST-ZIP	LAKE HAMILTON, FL 33851		CITY-ST-ZIP	LAKE HAMILTON, FL 33851	
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: <i>John D Hartigan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/13/06 8634396215 <small>Date Daytime Phone #</small>		

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03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3010237

Applied For
Not Applicable

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

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