

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000004994	
1. Entity Name LAKE SUMTER FIRE CHIEF'S ASSOCIATION, INC.	

Principal Place of Business P. O. BOX 1041 TAVARES, FL 32778	Mailing Address P.O. BOX 1041 TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



05292007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SARGENT, DENNIS 201 S. CANAL STREET LEESBURG, FL 34748	

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 _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SARGENT, DENNIS 201 S. CANAL STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRASHER, RANDY 100 EAST MEYERS BLVD. MASCOTTE, FL 34753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOOVER, APRIL 439 W. HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/07-80006-011 61.25

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>April Hoover</i>	5-29-07	352-267-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #