## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004994

FILED Jan 15, 2009 Secretary of State

Entity Name: LAKE SUMTER FIRE CHIEF'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 1041 P. O. BOX 201

TAVARES, FL 32778 MASCOTTE, FL 34753

Current Mailing Address: New Mailing Address:

P.O. BOX 201 P. O. BOX 201

MASCOTTE, FL 34753 MASCOTTE, FL 34753

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SARGENT, DENNIS BRASHER, RANDY 201 S. CANAL STREET 529 E. MYERS BLVD.

LEESBURG, FL 34748 US MASCOTTE, FL 34753 US

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: KIMBERLY J. STEPHENS 01/15/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 BRASHEN, RANDY
 Name:
 BRASHER, RANDY

 Address:
 100 E MEYERS BLVD
 Address:
 529 E. MEYERS BLVD

 City-St-Zip:
 MASCOTTE, FL 34753 US
 City-St-Zip:
 MASCOTTE, FL 34753 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 TREMAIN, ROY
 Name:
 TREMAIN, ROY

 Address:
 100 W NORTON AVENUE
 Address:
 PO DRAWER 68

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32727 68

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 HOOVER, APRIL
 Name:
 STEPHENS, KIMBERLY

 Address:
 439 W. HWY 50
 Address:
 2761 W. OLD HWY 441

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIMBERLY J. STEPHENS ST 01/15/2009