2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# N04000007006

Entity Name: LACROSSE FIRE RESCUE DEPARTMENT INC.

Current Principal Place of Business:

20421 N SR 121
LACROSSE, FL 32658

New Principal Place of Business:

Current Mailing Address:

PO DRAWER J
LACROSSE, FL 32658

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HINES, DANIEL C
19714 NW 29TH TERRACE
BROOKER, FL 32622 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: DIR ( ) Delete
Name: SMITH, JERRY
Address: 21028 CR 1493
City-St-Zip: LACROSSE, FL 32658

Title: DIR ( ) Delete
Name: WEIST, JAMES
Address: 4400 NW 39TH AVE, APT #154
City-St-Zip: GAINESVILLE, FL 32606

Title: DIR ( ) Delete
Name: PARKS, DONALD
Address: 310 E 156 AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: CH ( ) Delete
Name: HINES, DANIEL
Address: 19714 NW 29 TERRACE
City-St-Zip: BROOKER, FL 32622

Title: AC ( ) Delete
Name: BUSH, JOE
Address: 2111 NW 142 AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: CAPT ( ) Delete
Name: SULLIVAN, ROBERT
Address: 5400 NW 39 AVE, APT #224Y
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL HINES CH 05/09/2005
Electronic Signature of Signing Officer or Director — Date