


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 010 ****61.25

DOCUMENT # N04000007006	
1. Entity Name LACROSSE FIRE RESCUE DEPARTMENT INC.	

Principal Place of Business 20421 N SR 121 LACROSSE FL 32658	Mailing Address PO DRAWER J LACROSSE FL 32658
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, DANIEL C 19714 NW 29TH TERRACE BROOKER FL 32622	7. Name and Address of New Registered Agent Name Joseph Bush, Joseph P Street Address (P.O. Box Number is Not Acceptable) 2111 NW 142nd Ave Gainesville FL 32609
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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 Joseph Bush, Fire Chief <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 2/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DIR	<input type="checkbox"/> Delete	TITLE CHIEF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JERRY		NAME Joe Bush, Joseph	
STREET ADDRESS 21028 CR 1493		STREET ADDRESS 2111 NW 142nd Ave	
CITY-ST-ZIP LACROSSE FL 32658		CITY-ST-ZIP Gainesville FLA. 32609	
TITLE DIR	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIST, JAMES		NAME Hines, Daniel	
STREET ADDRESS 4400 NW 39TH AVE, APT #154		STREET ADDRESS 19714 NW 29 Terrace	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP Brooker FLA. 32622	
TITLE DIR	<input checked="" type="checkbox"/> Delete	TITLE ASSISTANT CHIEF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARKS, DONALD		NAME GOLDTRAP, MATTHEW	
STREET ADDRESS 310 E 156 AVE		STREET ADDRESS 7610 NW 21st way	
CITY-ST-ZIP GAINESVILLE FL 32609		CITY-ST-ZIP Gainesville FLA - 32653	
TITLE CH	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINES, DANIEL		NAME	
STREET ADDRESS 19714 NW 29 TERRACE		STREET ADDRESS	
CITY-ST-ZIP BROOKER FL 32622		CITY-ST-ZIP	
TITLE AC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSH, JOE		NAME	
STREET ADDRESS 2111 NW 142 AVE		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32609		CITY-ST-ZIP	
TITLE CAPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, ROBERT		NAME	
STREET ADDRESS 5400 NW 39 AVE, APT #224Y		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Joseph P Bush, Fire Chief** **2/15/06** **386 365-7736**