2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N05388

Entity Name: LAKE TALQUIN VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

16614 BLOUNSTON HWY.
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

16614 BLOUNSTON HWY.
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 59-2916646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, KENNETH R.
16919 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310 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: T ( ) Delete
Name: HARVEY, CARMA,
Address: 16919 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: KIGHT, CATHI
Address: 18123 BLOUNTSTOWN HWY.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: KIGHT, PATTY
Address: 406 WILKISON ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: S ( ) Delete
Name: JOHNSON, ARRON
Address: 3887 FRANKY LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: OUZTS, RANDY
Address: 15983 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

Title: P ( ) Delete
Name: HARVEY, KENNETH
Address: 16919 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

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: KENNETH R HARVEY PRE 04/25/2005

Electronic Signature of Signing Officer or Director — Date