

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05388

FILED
Apr 29, 2009
Secretary of State

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, CARMA R
16919 BLOUNTSTOWN HWY
LAKE TALQUIN VFD
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: TR () Delete
Name: HARVEY, CARMA
Address: 16919 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: BARFIELD, DAVID L
Address: 1836 COLLINS LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: HARRELL, JUSTIN
Address: 3094 COLLINS LANDING RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: LEE, TAYLOR
Address: 1566 LAKE MCCOLLUM CT.
City-St-Zip: TALLAHASSEE, FL 32310

Title: PVP () Delete
Name: TENORIO, SAM
Address: 2596 CRICKET LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: CH () Delete
Name: KIGHT, RUPERT
Address: 18123 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: FOLSOM, PERCY R JR
Address: 3963 EDGEWATER DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

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

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

Title: VP (X) Change () Addition
Name: TENORIO, SAM
Address: 2596 CRICKET LANE
City-St-Zip: TALLAHASSEE, FL 32310

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

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: CARMA HARVEY

TR

04/29/2009

Electronic Signature of Signing Officer or Director

Date