

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011129

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAFAYETTE FIREMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

136 SE. INDUSTRIAL LANE
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

PO BOX 297
MAYO, FL 32066

New Mailing Address:

FEI Number: 36-4620982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, WILLIAM JR.
197 SE ALTON DAIRY LANE
MAYO, FL 32066 US

Name and Address of New Registered Agent:

ROBINSON, WILLIAM JR.
273 SW CR 534
MAYO, FL 32066 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, WILLIAM JR.
Address: 197 SE ALTON DAIRY LANE
City-St-Zip: MAYO, FL 32066

Title: DV () Delete
Name: WARD, JAMES
Address: 4509 SE COUNTY RD. 360
City-St-Zip: MAYO, FL 32066

Title: SD () Delete
Name: ROBINSON, CAROLYN
Address: 197 SE ALTON DAIRY LANE
City-St-Zip: MAYO, FL 32066

Title: TD () Delete
Name: HART, WILLIAM C.
Address: 1947 SW COUNTY RD. 300
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBINSON, WILLIAM JR.
Address: 273 SW CR 534
City-St-Zip: MAYO, FL 32066

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 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: WILLIAM ROBINSON JR.

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date