FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # N20348 (1)

LULU VOLUNTEER FIRE DEPARTMENT, INC.

FILED
95 MAY -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
CR241 P. O. BOX 6108 LULU FL 32061-7356	CR241 P O BOX 6108 LULU FL 32061-7356

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1987
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2800791 — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: ☐ yes ☒ no

21	22	23	24	25	26	27	28	29	30

9. Name and Address of Current Registered Agent

GILLEN, BETTY
4TH HOUSE ON LEFT
NORTH SIDE OF SR 100
LULU FL 32061

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1622(2) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the street address of the business of the registered agent, as changed, will be identical.

SIGNATURE

12. OFFICER AND DIRECTORS		13.
Title	D	☐ Change ☐ Addition
Name	CLEMONS, JESSE	
Address	RT. 3 BOX 423	
City	LAKE BUTLER FL	
Title	D	☐ Change ☐ Addition
Name	VARNES, ISAAC	
Address	RT. 3 BOX 422	
City	LAKE BUTLER FL	
Title	D	☐ Change ☐ Addition
Name	CROFT, JAMES	
Address	RT. 1, BOX 138	
City	LULU FL	
Title	V	☐ Change ☐ Addition
Name	LORD, DANNY B	
Address	PO BOX 6186 N/A	
City	LULU FL	
Title	P	☐ Change ☐ Addition
Name	MARKHAM, NEVIN	
Address	PO BOX 6213 N/A	
City	LULU FL	
Title	STD	☐ Change ☐ Addition
Name	GILLEN, BETTY	
Address	SR 100 P.O. BOX 6195 N/A	
City	LULU FL	

14 I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Betty Gillen STD — 4-25-95 — 904 752 7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0023006