

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20348** (1)

1. Corporation Name

LULU VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

CR241
P. O. BOX 6108
LULU FL 32061-7356

CR241
P. O. BOX 6108
LULU FL 32061-7356



3. Date Incorporated or Qualified
04/27/1987

3a. Date of Last Report
05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Sections 617.0502 and 617.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CLEMONS, JESSE**
STREET ADDRESS **RT. 3 BOX 423**
CITY-ST-ZIP **LAKE BUTLER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **VARNES, ISAAC**
STREET ADDRESS **RT. 3 BOX 422**
CITY-ST-ZIP **LAKE BUTLER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CROFT, JAMES**
STREET ADDRESS **RT. 1, BOX 138**
CITY-ST-ZIP **LULU FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **LORD, DANNY B**
STREET ADDRESS **PO BOX 6186 N/A**
CITY-ST-ZIP **LULU FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **MARKHAM, NEVIN**
STREET ADDRESS **PO BOX 6213 N/A**
CITY-ST-ZIP **LULU FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **GILLEN, BETTY**
STREET ADDRESS **SR 100 P.O. BOX 6195 N/A**
CITY-ST-ZIP **LULU FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Gilen / Betty Gilen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

904-752-7135

Daytime Phone #

CR2E037 (12/95)