FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCU 1. Corporation	MENT # N203	48 (1)				
LULU VOLUNTEER FIRE DEPARTMENT, INC.						
Principal Place of Business Mailing Address						<u> </u>
CR241 CR241					3. Date Incorporated or Qualified	-,,,,
P. O. BOX 6108 P. O. BOX 6108 LULU FL 32061-7356 LULU FL 32061-7356					04/27/1987	
					4. FEI Number	Applied For
2 Dringing C	Hann of Business	2a Malling Address			59-2800791	Not Applicable
2. Principal P	2. Principal Place of Business 2a. Malling Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
22					Trust Fund Contribution	Added to Fees
City & Stat	City & State City & State				7. Is this nonprofit corporation a homeown	
23	I Country	28 7in	T Cours	le.	☐ Yes	IZ No
Zip 24	Country	Zip	Coun 30	try	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year intengible
29	9. Name and Address of Curr		1901		10. Name and Address of New Registere	
			8	1 Name		
GILLEN, BETTY				2 Street A	ddress (P.O. Box Number is Not Acceptable)	
4TH HOUSE ON LEFT				<u> </u>		
NORTH SIDE OF SR 100				13		
LULU FL 32061				4 City		85 Zip Code
44 Pureupot	to the provisions of Sections 617 Of	502 and 617 1509 Florida State	dec the shr	we named o	corporation submits this statement for the purpose	
office or	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	by the corpo	oration's board of directors. I hereby accept the ap	opointment as registered
_	m tamiliar with, and accept the ob-	igations of, Section 617.0503, I	-iorida Statut	ies.		
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NC	OTE: Registered A	lgent signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITL			Change Addition
NAME	CLEMONS, JESSE		1.2 NAM			
STREET ADORESS	RT. 3 BOX 423 Lake Butler Fl		. F	ET ADDRESS		
CITY-ST-ZIP TITLE	D DOILER PL	DELETE	1.4 CITY 2.1 TITL	-ST-ZIP		Change Addition
NAME	VARNES, ISAAC	beerit	2.2 NAM			
STREET ADDRESS	RT. 3 BOX 422			ET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		1	(-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	CROFT, JAMES		3.2 NAM	E		
STREET ADDRESS	RT. 1, BOX 138		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LULU FL			r-ST-ZIP	<u> </u>	
TITLE	V LORD, DANNY B	☐ DELETE	4.1 TITU			Change Addition
NAME STREET ADDRESS	PO BOX 6186 N/A		4.2 NAA	ET ADORESS		
CITY-ST-ZIP	LULU FL		4.4 CITY			
TITLE	P	DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	MARKHAM, NEVIN		5.2 NAM	1		· - —
STREET ADDRESS	PO BOX 6213 N/A			ET ADDRESS		
CITY-ST-ZIP	LULU FL		5.4 CITY	-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE			Change Addition
NAME	GILLEN, BETTY		6.2 NAM	E		
STREET ADDRESS	SR 100 P.O. BOX 6195 N/A		6.3 STRE	ET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP

Butty Giller

FILED

Apr 28 1998 8:00am

Secretary of State