


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 049 ****61.25

DOCUMENT # N20348 1. Entity Name LULU VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 262 COMMUNITY DRIVE LULU, FL 32061	Mailing Address 8479 SE SR 100 LULU, FL 32061
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50001576



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILLEN, BETTY 8479 SE SR 100 LULU, FL 32061
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Betty W. Gillen*

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

(NOTE: Registered Agent signature required when reinstating)

2-23-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, JESSE RT. 3 BOX 423 10158 NW 1064 Loop LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, ROLAND C SR. 8479 SE SR 100 LULU, FL 32061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, PATRICIA 218 SE CR 241 LULU, FL 32061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORD, DANNY B 218 SE CR 241 LULU, FL 32061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC MARKHAM, NEVIN 169 SE GILLEN TERR LULU, FL 32061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLEN, BETTY 8479 SE SR 100 LULU, FL 32061

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty W. Gillen* *Betty W. Gillen* 2-23-06 *Sec & Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #