

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90035 008 ****61.25

DOCUMENT # N20348

1. Entity Name
LULU VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**262 COMMUNITY DRIVE
LULU, FL 32061**

Mailing Address
**8479 SE SR 100
LULU, FL 32061**



01122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLEN, BETTY
8479 SE SR 100
LULU, FL 32061**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

Date

9386 752-1046

Daytime Phone #