2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N20348

Entity Name: LULU VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

262 COMMUNITY DRIVE
LULU, FL 32061

New Principal Place of Business:

Current Mailing Address:

8479 SE SR 100
LULU, FL 32061

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CLEMONS, JESSE,	
Address:	10158 NW 1064 LOOP	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	D	( ) Delete
Name:	GILLEN, ROLAND C SR.	
Address:	8479 SE SR 100	
City-St-Zip:	LULU, FL 32061	
Title:	D	( ) Delete
Name:	LORD, PATRICIA	
Address:	218 SE CR 241	
City-St-Zip:	LULU, FL 32061	
Title:	V	( ) Delete
Name:	LORD, DANNY B	
Address:	218 SE CR 241	
City-St-Zip:	LULU, FL 32061	
Title:	FC	( ) Delete
Name:	MARKHAM, NEVIN	
Address:	169 SE GILLEN TERR	
City-St-Zip:	LULU, FL 32061	
Title:	STD	( ) Delete
Name:	GILLEN, BETTY	
Address:	8479 SE SR 100	
City-St-Zip:	LULU, FL 32061	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY GILLEN STD 01/15/2008

Electronic Signature of Signing Officer or Director — Date