2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28297

Title:

Name:

Address:

City-St-Zip:

FILED Aug 05, 2004 Secretary of State

Entity Name: LAKE JACKSON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 5329 TOWER ROAD TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 5329 TOWER ROAD TALLAHASSEE, FL 32303 FEI Number: 59-2916529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, DANIELLE STACHURSKI, MICHAEL 4062 BLOXHAM CUTOFF 4700 FLOWERWOOD DRIVE US CRAWFORDVILLE, FL 32327 TALLAHASSEE, FL 32303 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: MICHAEL STACHURSKI 08/05/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PETERSON, DANIELLE STACHURSKI, MICHAEL Name: Name: 4062 BLOXHAM CUTOFF Address: 4700 FLOWERWOOD DRIVE Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALLAHASSEE, FL 32303 (X) Change () Addition Title: VPD Title: () Delete Name: JONES, JOAN Name: MCECKRON, LINDA Address: 4370 SHERBORNE RD Address: 4974 GLEN HOLLOW COURT City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition LONDON, LISA Name: Name: 5451 SOMBRA DEL LAGO Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: TD () Delete Title: (X) Change () Addition Name: GODWIN, KRISTIN Name: GODWIN, KRISTIN Address: P.O.BOX 10641 Address: P.O.BOX 10641 City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32302 Title: () Delete Title: () Change (X) Addition COPENHAVER, MICHELE Name: Name: 5031 BOXWOOD COURT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELE COPENHAVER T 08/05/2004

() Delete

() Change (X) Addition

GARDNER, ERIC

1906 BOTANY DRIVE TALLAHASSEE, FL 32303