

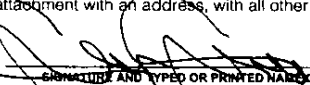


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90001 030 \*\*\*\*61.25

<b>DOCUMENT # N28297</b> 1. Entity Name <b>LAKE JACKSON VOLUNTEER FIRE DEPARTMENT, INC.</b>			
Principal Place of Business <b>5329 TOWER ROAD TALLAHASSEE, FL 32303</b>		Mailing Address <b>5329 TOWER ROAD TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country	
			
		08262007    Chg-NP                      CR2E037 (12/06)	
		4. FEI Number <b>59-2916529</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, LARRY 5037 BOXWOOD DR. TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name <b>JOAN JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>4370 SHERBORNE RD</b> City <b>TALLA</b> <b>FL</b> Zip Code <b>32303</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P DAVIS, LARRY 5037 BOXWOOD DR. TALLAHASSEE, FL 32303	TITLE	A CLIFF COSGROVE 5329 Tower Rd TALLA, FL 32303
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T JONES, JOAN 4370 SHERBORNE RD TALLAHASSEE, FL 32303	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP STACHURSKI, MICHAEL 4700 FLOWERWOOD RD TALLAHASSEE, FL 32303	TITLE	JP ANGIE HUGHES 5329 Tower Rd. TALLA, FL 32303
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S WOODWALL, REBEKAH 5001 F-15 LAKEFRONT DR. TALLAHASSEE, FL 32303	TITLE	S ASHLEY MCECKEON 5329 Tower Rd TALLA, FL 32303
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	D DANIEL INGRAM 5329 Tower Rd TALLA, FL 32303
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	D JENNIFER GARCIA 5329 Tower Rd TALLA, FL 32303
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>  - <b>JOAN JONES - TREASURER/RA</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	