

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N28297

1. Entity Name
LAKE JACKSON VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
5329 TOWER ROAD
TALLAHASSEE, FL 32303

Mailing Address
5329 TOWER ROAD
TALLAHASSEE, FL 32303

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2916529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JOAN
4370 SHERBORNE RD
TALLAHASSEE, FL 32303

**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 restate)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, JENNIFER
STREET ADDRESS 5329 TOWER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T
NAME JONES, JOAN
STREET ADDRESS 4370 SHERBORNE RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D
NAME INGRAM, DANIEL
STREET ADDRESS 5329 TOWER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE S
NAME MCKEEN, ASHLEY
STREET ADDRESS 5329 TOWER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE P
NAME COSGROVE, CLIFF
STREET ADDRESS 5329 TOWER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V
NAME HUGHES, ANGIE
STREET ADDRESS 5329 TOWER RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

U00000955081
07/16/08-80002-006 61.25

**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, who all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #