2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002108

FILED Jan 20, 2006 Secretary of State

Entity Name: GEORGE'S LAKE AREA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 114 SARASOTA STREET FLORAHOME, FL 32140 US **Current Mailing Address: New Mailing Address:** P.O. BOX 171 FLORAHOME, FL 321400171 US FEI Number: 58-8065335 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: COMBS, RICHARD A **POBOX 531** FLORAHOME, FL 32140 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOWMAN, SHIRLEY Name: Name: 150 HERNANDO ST Address: Address: City-St-Zip: FLORAHOME, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: COMBS, RICHARD A Name: Address: POBOX 531 Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMITH, GRACIE Name: MEHLER, GRACIE Name: Address: 201 BEACH DR Address: 201 BEACH DR City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: FLORAHOME, FL 32140 Title: () Delete Title: () Change () Addition Name: STARLING, JEAN Name: 416 WEST HILLSBUROUGH Address: Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: Title: () Delete Title: () Change () Addition REIER, CHARLES Name: Name: 104 SANTA ROSA ST Address: Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: Title: () Delete Title: (X) Change () Addition MEHLER, CHARLES MEHLER, CHARLES Name: Name: 201 BREACH DR. Address: Address: 201 BEACH DR> FLORAHOME, FL 32140 FLORAHOME, FL 32140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD COMBS C 01/20/2006