

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002108

FILED
Apr 28, 2007
Secretary of State

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

Current Principal Place of Business:

114 SARASOTA STREET
FLORAHOME, FL 32140 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 171
FLORAHOME, FL 321400171 US

New Mailing Address:

FEI Number: 58-8065335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMBS, RICHARD A
POBOX 531
FLORAHOME, FL 32140 US

Name and Address of New Registered Agent:

COMBS, RICHARD A
101 DESOTO ST.
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: _____

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWMAN, SHIRLEY
Address: 150 HERNANDO ST
City-St-Zip: FLORAHOME, FL

Title: C () Delete
Name: COMBS, RICHARD A
Address: POBOX 531
City-St-Zip: FLORAHOME, FL 32140

Title: S () Delete
Name: MEHLER, GRACIE
Address: 201 BEACH DR
City-St-Zip: FLORAHOME, FL 32140

Title: T () Delete
Name: STARLING, JEAN
Address: 416 WEST HILLSBUROUGH
City-St-Zip: FLORAHOME, FL 32140

Title: D () Delete
Name: REIER, CHARLES
Address: 104 SANTA ROSA ST
City-St-Zip: FLORAHOME, FL 32140

Title: D () Delete
Name: MEHLER, CHARLES
Address: 201 BEACH DR>
City-St-Zip: FLORAHOME, FL 32140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: COMBS, RICHARD A
Address: 101 DESOTO ST. P.O.BOX 531
City-St-Zip: FLORAHOME, FL 32140

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: RICHARD A. COMBS

C

04/28/2007

Electronic Signature of Signing Officer or Director

Date