

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002108

FILED  
Apr 03, 2008  
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 ( )**

**Name and Address of Current Registered Agent:**

COMBS, RICHARD A  
101 DESOTO ST.  
FLORAHOME, FL 32140 US

**Name and Address of New Registered Agent:**

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:**

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

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

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

Title: T (X) Change ( ) Addition  
Name: ARNETT, SANDRA  
Address: 515 WEST HILLSBUROUGH  
City-St-Zip: FLORAHOME, FL 32140

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 COMBS

CHIE

04/03/2008

Electronic Signature of Signing Officer or Director

Date