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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002155 (0)**

1. Corporation Name

LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.



Principal Place of Business	Mailing Address
199 MERIDIAN HILLS RD TALLAHASSEE FL 32312 US	P.O. BOX 15405 TALLAHASSEE FL 32317

3. Date Incorporated or Qualified
05/11/1993

4. FEI Number 59-3187547	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 13227 Ring Neck Dr. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State Tallahassee, FL	27 City & State
23 Zip 32312	28 Country USA

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOTTORELLI, GERI
199 MERIDIAN HILLS RD
TALLAHASSEE FL 32312**

81 Name Thomas M. Beane
82 Street Address (P.O. Box Number is Not Acceptable)
83 13227 Ring Neck Dr
84 City Tallahassee
85 Zip Code FL 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE Thomas M. Beane, President Tommy Beane 3/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	☒ DELETE
NAME	DOTTORELLI, GERI	
STREET ADDRESS	199 MERIDIAN HILLS RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☐ DELETE
NAME	JENNIFER SVENSON	
STREET ADDRESS	12020 CEDAR BLUFF	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☒ DELETE
NAME	DOTTORELLI, MIC	
STREET ADDRESS	199 MERIDIAN HILLS RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	ST	☐ DELETE
NAME	RIEDEL, LYDIA	
STREET ADDRESS	3200 AFFIRMED CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Thomas M. Beane	
1.3 STREET ADDRESS	13227 Ring Neck Dr.	
1.4 CITY-ST-ZIP	Tall, FL 32312	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Scott Rickert	
2.3 STREET ADDRESS	9956 Beaver Ridge Tr.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE	Director	☒ Change ☐ Addition
3.2 NAME	Susan Clark	
3.3 STREET ADDRESS	7828 Maclean Rd	
3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Frank Levasseur	
4.3 STREET ADDRESS	3828 Tuscavilla Rd	
4.4 CITY-ST-ZIP	Tallahassee, FL 32302	
5.1 TITLE	Past president	☐ Change ☒ Addition
5.2 NAME	Geri Dottorelli	
5.3 STREET ADDRESS	199 Meridian Hills Rd	
5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy Beane 3/13/98

032E037 (10/97)