

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N93000002155

1. Corporation Name

LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.

Principal Place of Busines
13227 RING NECK DR
TALLAHASSEE FL 32312
us

2. Principal Place of Business

7812 Maclean Rd

Mailing Address

P.O. BOX 15405

2a. Mailing Address

TALLAHASSEE FL 32317

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90015 024 ****61.25



3. Date Incorporated or Qualifed

05/11/1993

//					4 FELM		Bad Cas	
Suite, Apt.				•	4. FEI Number 59-3187547		Applicable	
22 27 27 City & State City & State						\$8.75 A		
23 Tallahassee FL 28					5. Certificate of Status Desired Fee Required			
Zip					6. Election Campaign Financing	\$5.00	Mav Be	
24 3231		29 30			Trust Fund Contribution	Added to	- 1	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81 Name Buckman, Marian				
BEANE, THOMAS M				Street Add	uckman, Marian et Address (P.O. Box Number is Not Acceptable)			
13227 RING NECK DR				7812 Maclean Road				
TALLAHASSEE FL 32312						,		
TI MALE II II TOO GALL, T. S. COLO FIL.				City		85 Zip C	ode	
	per the one of the		84	Talla	110336	-L 32	312	
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 617.0503, Florida Statutes.								
SIGNATURE 2.								
	Signature, typed or printed name of registered agent are			t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		PS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.	16	The state of the s	Change	Addition	
TITLE	P	™ DELETE	1.1 TITLE	1 6	buckman, Marian			
NAME	BEANE, THOMAS M		1.2 NAME		1812 Maclean Road			
STREET ADDRESS	13227 RING NECK DR		1.3 STREET				ĺ	
CITY-ST-ZIP	TALLAHASSEE FL 32312	K) DELETE	1.4 CITY-ST 2.1 TITLE		Tallahassee FL 32312	Change	Addition	
TITLE	VP	₩ nere is			/P Suersteiner, Kurt	- overige	,	
NAME	JENNIFER SVENSON		2.2 NAME 2.3 STREET		kuersteiner, Kurt 2255 Ten Oaks Drive			
STREET ADDRESS.	12029 CEDAR BLUFF		2.4 CITY-S		allahassee FL 32312			
CITY-ST-ZIP	TALLAHASSEE FL 32312	X DELETE	3.1 TITLE	11-217	C PC JC TC	Change	∑ Addition	
TITLE	DICKEDT COUTT	M Decrie	3.2 NAME	ا ا	Buckman, David	_ ,	-	
NAME	RICKERT, SCOTT		3.3 STREET	TANNOESS	1812 Maclean Rd		1	
STREET ADDRESS	9956 BEAVER RIDGE TR TALLAHASSEE FL 32312		3.4. CITY-S	T 710	Tallahassee FL 32312	•		
CITY-ST-ZIP	ST ST	™ DELETE	4.1 TITLE	-	₹	Change	Addition	
NAME	RIEDELL, LYDIA		4, 2 NAME	<u> </u>	Clark, Susan			
STREET ADDRESS	3200 AFFIRMED CT		4.3 STREET	ADDRESS -	1828 Maclean Road			
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-S		Tallahassee FL 32312	_		
TITLE	D	DELETE	5.1 TITLE	L	N	Change	☐ Addition	
NAME	CLARK, SUSAN	_	5.2 NAME	1	esesne, Frank		1	
STREET ADDRESS	7828 MACLEAN RD		5.3 STREET	ADDRESS 3	esesne, Frank 3828 Forsythe Way		-	
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-S	r-ZIP T	allahassee FL 32308	}		
TITLE	D	☐ DELETE	6.1 TITLE		, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition	
NAME	LESESNEL, FRANK		6.2 NAME				-	
STREET ADDRESS			6.3 STREET	T ADDRESS			Ì	
CITY-ST-7IP	TALLAHASSEE EL 32312		6.4 CITY-S	T-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 suppliemental 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, with all other like empowered.

SIGNATURE:

MUSICIPIBLICATION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR