2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N93000002155 04 JUN 17 PH 12: 27 LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address STATION 15 STATION 5 P.O. BOX 15405 BANNERMAN RD TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 Cha-NP CB2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3187547 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOOD, PHIL 421 BEAVER LAKE RD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change ______ Addition NAME FLOOD: PHIL NAME STREET ADDRESS 421 BEAVER LAKE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition GROBE, KATHLEEN M NAME NAME STREET ADDRESS 4427 BAYSHORE CIRCLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-7IP Andrew Smith VPD Change 3419 Rosemont Riuge Rd Tallahassee FL 3212 TITLE VPD 📈 Delete TITLE FLOWERS, HOWARD NAME NAME STREET ADDRESS 3321 GABER DRIVE STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-ZIP Gaye Flood TSD TITLE Delete LESENÉ, PAMELA L NAME NAMÉ 421 Beaver Lake Rd 3228 FORSYTHE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP Tallahassee FL 323/2 Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.