2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# N93000002155

Entity Name: LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.

Current Principal Place of Business:

STATION 15
BANNERMAN RD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15405
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3187547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLOOD, PHIL
421 BEAVER LAKE RD
TALLAHASSEE, FL 32312 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: PD ( ) Delete
Name: FLOOD, PHIL
Address: 421 BEAVER LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TSD ( ) Delete
Name: FLOOD, LESLIE G
Address: 421 BEAVER LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: SMITH, ANDREW
Address: 3419 ROSEMONT RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 3212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: SMITH, ANDREW
Address: 56 SHALLOWBROOK FARMS ROAD
City-St-Zip: THOMASVILLE, GA 31792

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE G. FLOOD TSD 07/26/2005

Electronic Signature of Signing Officer or Director — Date