


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State


DOCUMENT # N94000000593 1. Entity Name LAKESHORE VOLUNTEER FIRE DEPARTMENT, INC.	
--	---

Principal Place of Business 2219 BURPEE DRIVE JACKSONVILLE, FL 32210	Mailing Address 2219 BURPEE DRIVE JACKSONVILLE, FL 32210
--	--

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1031205	Applied For Not Applicable
5. Certificate of Status Desired	 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNOLL, JOHN A
2219 BURPEE DR
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOLL, JOHN A 2219 BURPEE DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, J SHIRLEY AVENUE 4421 JACKSONVILLE, FL 22210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THIBAUT, LANCE M 8511 OCALA AVE. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISTRO, ROBERT 2313 BURPEE DR. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000599898
01/25/07-80044-024 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **John A Knoll** **20J-407** **904 781-3891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #