

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001330 (9)

1. Corporation Name

MID-FLORIDA LAKES VOLUNTEER FIRE DEPARTMENT ASSO  
CIATION, INC.



Principal Place of Business

210 FOREST DRIVE  
LEESBURG FL 34788-2706

Mailing Address

210 FOREST DRIVE  
LEESBURG FL 34788-2706

3. Date Incorporated or Qualified  
03/14/1994

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

~~00000000~~ 59-3327914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RANDALL, EDGAR R  
168 CROSSWAYS DRIVE  
LEESBURG FL 34788-2706

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RANDALL, EDGAR R	
STREET ADDRESS	168 CROSSWAYS DRIVE	
CITY - ST - ZIP	LEESBURG FL 34788-2706	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, ROBERT	
STREET ADDRESS	102 MILLWOOD ROAD	
CITY - ST - ZIP	LEESBURG FL 34788-2706	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOHAN, DOROTHY	
STREET ADDRESS	167 HIGHLAND DRIVE	
CITY - ST - ZIP	LEESBURG FL 34788-2706	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, EARL	
STREET ADDRESS	125 HIBISCUS DRIVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINFIELD, DAN	
STREET ADDRESS	130 HIGHLAND DRIVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOELLNER, HARRY J	
STREET ADDRESS	111 CAMELIA DRIVE	
CITY - ST - ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgar R. Randall Pres.

Date

2/1/96

Daytime Phone #

352-589-9562

CR2E037 (12/95)