

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003269

FILED
Feb 02, 2006
Secretary of State

Entity Name: SOUTH LAKE COUNTY VOLUNTEER FIRE FIGHTERS ASSOCIATION INC.

Current Principal Place of Business:

25028 KIRKWOOD AVE.
ASTATULA, FL 34705

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 195
ASTATULA, FL 34705

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLRODT, JAMES D
25019 COUNTY RD. 561
ASTATULA, FL 34705 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: V () Delete
Name: WAGNER, PAUL
Address: 1728 BOWMAN ST.
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BALES, JERRI L
Address: 25045 JEFFERSON ST.
City-St-Zip: ASTATULA, FL 34705

Title: D () Delete
Name: POWELL, WILLIAM
Address: 24649 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: T () Delete
Name: HARRISON, ALICIA
Address: 25146 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: P () Delete
Name: HARRISON, WILLIAM
Address: 25146 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: D () Delete
Name: EVANS, JUSTIN
Address: 11127 AUTUMN WIND LOOP
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM HARRISON

P

02/02/2006

Electronic Signature of Signing Officer or Director

Date