


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732681** (2)  
1. Corporation Name  
**UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC**

Principal Place of Business <b>133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148</b>	Mailing Address <b>133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148</b>
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3. Date Incorporated or Qualified  
**05/07/1975**

4. FEI Number  
**51-0191143**

Applied For  
☐ Yes ☒ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**VETRANO, DARLYN CHEIF/D  
133-29 KENNEDY AVE.  
UNIT 16  
INTERLACHEN FL 32148**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BARTON, HUGH</del>	1.2 NAME	Eugene Gordon
STREET ADDRESS	<del>RT 1 BOX 376F N/A</del>	1.3 STREET ADDRESS	818 Lenoir Av.
CITY-ST-ZIP	<del>INTERLACHEN-FL</del>	1.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. P. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUER, SHIRLEY	2.2 NAME	Garry Thomas
STREET ADDRESS	<del>RT 1 BOX 247</del>	2.3 STREET ADDRESS	824 Lenoir Av
CITY-ST-ZIP	<del>INTERLACHEN-FL</del>	2.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V. P. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HART, GENE</del>	3.2 NAME	Thomas Christopher
STREET ADDRESS	<del>133-29 KENNEDY AVE.</del>	3.3 STREET ADDRESS	114 Franklin St
CITY-ST-ZIP	<del>INTERLACHEN-FL</del>	3.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WHITEHOUSE, SHIRLEY</del>	4.2 NAME	Angeline Kusa
STREET ADDRESS	<del>RT. 1, BOX 336 NA</del>	4.3 STREET ADDRESS	715 Norman Av
CITY-ST-ZIP	<del>INTERLACHEN-FL</del>	4.4 CITY-ST-ZIP	Interlachen Fl 32148
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, LOWELL	5.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 407 F N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIFER, DAVID	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 245 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	6.4 CITY-ST-ZIP	

14. 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 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: Lowell Gilmore TREAS. 1-12-98 904 684 6388

CR2E037 (10/97)