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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732681

1. Corporation Name

UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

133-29 KENNEDY ST UNIT 1
PO BOX 606 (MAILING ADDRESS)
INTERLACHEN FL 32148

Mailing Address

133-29 KENNEDY ST UNIT 1
PO BOX 606 (MAILING ADDRESS)
INTERLACHEN FL 32148



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1975

4. FEI Number

51-0191143

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

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
Frieb, Dolores P/D

82 Street Address (P.O. Box Number is Not Acceptable)
120 Bonnie Av

83 Interlachen

84 City
Florida

FL

85 Zip Code
32148

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 Dolores Frieb Pres.

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

(NOTE: Registered Agent signature required when reinstating)

2-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GORDON, EUGENE
STREET ADDRESS 818 LENORI AVE
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ DELETE

TITLE VPD
NAME THOMAS, GARRY
STREET ADDRESS 824 LENOIR AVE
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ DELETE

TITLE VPD
NAME CHRISTOPHER, THOMAS
STREET ADDRESS 114 FRANKLIN ST
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ DELETE

TITLE SD
NAME DUSA, ANGELINE
STREET ADDRESS 715 NORMAN AVE
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ DELETE

TITLE TD
NAME GILMORE, LOWELL
STREET ADDRESS ROUTE 1 BOX 407 F N/A
CITY-ST-ZIP INTERLACHEN FL ☐ DELETE

TITLE D
NAME KIFER, DAVID
STREET ADDRESS RT. 1, BOX 245 N/A
CITY-ST-ZIP INTERLACHEN FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. D. ☒ Change ☐ Addition
1.2 NAME Frieb, Dolores
1.3 STREET ADDRESS 120 Bonnie Av
1.4 CITY-ST-ZIP Interlachen, FL 32148

2.1 TITLE VP/D ☒ Change ☐ Addition
2.2 NAME Doane, William
2.3 STREET ADDRESS 910 O'Farrell Av
2.4 CITY-ST-ZIP Interlachen, FL 32148

3.1 TITLE VP/D ☒ Change ☐ Addition
3.2 NAME Whitehouse, Shirley
3.3 STREET ADDRESS 509 Kennedy Av
3.4 CITY-ST-ZIP Interlachen, FL 32148

4.1 TITLE S/D ☒ Change ☐ Addition
4.2 NAME Kusa, Angeline
4.3 STREET ADDRESS 715 Norman Av
4.4 CITY-ST-ZIP Interlachen, FL 32148

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Lowell Gilmore SIGNATURE REQUIRED Lowell Gilmore 2-11-99 904 684 6388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)