

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 009 ****61.25

DOCUMENT # 732681

1. Entity 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

54007842



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0191143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~TROUT, DAVID~~
~~102 ATHENS ST~~
~~INTERLACHEN FL 32148~~

7. Name and Address of New Registered Agent

Name

Pellicer, Tom

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

410 Brett Ave

City

Interlachen

FL

Zip Code
32148

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 **Tom Pellicer, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

1-30-04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **FRIEB, DELORES**
STREET ADDRESS **120 BONNIE AVE.**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **VPD** ☒ Delete
NAME **PELLICER, TOM**
STREET ADDRESS **410 BRETT AVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **PD** ☒ Delete
NAME ~~TROUT, DAVID~~
STREET ADDRESS **102 ATHENS ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **VD** ☐ Delete
NAME **IVINS, STEWART**
STREET ADDRESS **1118 SWLMA AVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **TD** ☐ Delete
NAME **GILMORE, LOWELL**
STREET ADDRESS **304 DAWN AVE**
CITY-ST-ZIP **INTERLACHEN FL**

TITLE **D** ☐ Delete
NAME **SCHWARM, LEONARD**
STREET ADDRESS **420 EVANS AVE**
CITY-ST-ZIP **INTERLACHEN FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P D** ☒ Change ☐ Addition
NAME **Pellicer, Tom**
STREET ADDRESS **410 Brett Ave.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE **D** ☒ Change ☐ Addition
NAME ~~McCann, Ken~~
STREET ADDRESS **123 XXXXXXX Jernigan St.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **Lowell Gilmore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell Gilmore, Treas. 1-30-04 386-684-6388

Date

Daytime Phone #