

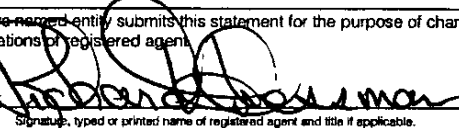
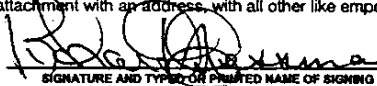


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 036 ****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		
2. Principal Place of Business - No P.O. Box # 217 Kennedy Ave Suite, Apt. #, etc.		3. Mailing Address 217 Kennedy Ave Suite, Apt. #, etc.			
City & State Interlachen, FL Zip 32148		City & State Interlachen, FL Zip 32148		4. FEI Number 51-0191143	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, MARK D 100 CARNATION ST INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Richard Cressman Street Address (P.O. Box Number is Not Acceptable) 114 Poinciana Drive 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:  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAHR, RUTH 824 LENORE AVE INTERLACHEN, FL 32148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLETCHER, MARK D 100 CARNATION ST INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, SHARON 402 SHIRLEY ST INTERLACHEN, FL 32148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINS, STEWART 1118 SWLMA AVE INTERLACHEN, FL 32148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, LOWELL 304 DAWN AVE INTERLACHEN, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DONNA 102 POINCIANA ST INTERLACHEN, FL 32148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Cressman 114 Poinciana Dr. Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kenneth McCann 123 Jernigan St Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DONNA 102 POINCIANA ST INTERLACHEN, FL 32148	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (NOTE: Registered Agent signature required when reinstating) DATE _____ Daytime Phone # _____					