

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:23

DOCUMENT # 706491 (8)
1. Corporation Name
INDIAN LAKE ESTATES VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business Mailing Address
HOGANS LANE HOGANS LANE
PO BOX 7805 PO BOX 7805
INDIAN LAKE ESTATES FL 33855 INDIAN LAKE ESTATES FL 33855

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1963 3a. Date of Last Report 03/02/1994
4. FEI Number 59-6550551 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

HUNTER, JAMES F
21 POINCIANA DR
INDIAN LAKE ESTS FL 33855

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILKE, EDWARD
STREET ADDRESS	POINCIANA DRIVE
CITY - ST - ZIP	IND LAKE ESTS, FL 00000
TITLE	D
NAME	EISCHSTADT, WILLARD
STREET ADDRESS	VALENCIA DR
CITY - ST - ZIP	IND LAKE ESTS FL
TITLE	S
NAME	SPRINGER, GLENN
STREET ADDRESS	N LANTANA DRIVE
CITY - ST - ZIP	IND LAKE ESTS, FL 00000
TITLE	D
NAME	SARGENT, GERALD
STREET ADDRESS	POINCIANA DRIVE
CITY - ST - ZIP	IND LAKE ESTS, FL 00000
TITLE	T
NAME	HUNTER, JAMES
STREET ADDRESS	POINCIANA DR.
CITY - ST - ZIP	IND LAKE ESTS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE:

James F. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES F. HUNTER

2/1/95 613-692-1236
Date Telephone