

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified 12/03/1963	3a. Date of Last Report 02/15/1995
4. FEI Number 59-6550551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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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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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	1.2 NAME	
STREET ADDRESS	WILKE, EDWARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA DRIVE	1.4 CITY-ST-ZIP	
	IND LAKE ESTS, FL 00000		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	2.2 NAME	
STREET ADDRESS	EISCHSTADT, WILLARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALENCIA DR	2.4 CITY-ST-ZIP	
	IND LAKE ESTS FL		
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	3.2 NAME	S
STREET ADDRESS	SPRINGER, GLENN	3.3 STREET ADDRESS	Hunter, James F.
CITY-ST-ZIP	N LANTANA DRIVE	3.4 CITY-ST-ZIP	PO Box 7771
	IND LAKE ESTS, FL 00000		Ind. Lake Ests., FL 33855
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	SARGENT, GERALD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA DRIVE	4.4 CITY-ST-ZIP	
	IND LAKE ESTS, FL 00000		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	5.2 NAME	
STREET ADDRESS	HUNTER, JAMES	5.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA DR.	5.4 CITY-ST-ZIP	
	IND LAKE ESTS, FL 00000		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *James F. Hunter* - **JAMES F HUNTER** 1/14/96 944-692-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)