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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 709802 (3)

1. Corporation Name

INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

200 COMMONWEALTH AVE.
P.O. BOX 125
INTERLACHEN FL 32148

Mailing Address

200 COMMONWEALTH AVE.
P.O. BOX 125
INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1965

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2387070

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

30

Country

9. Name and Address of Current Registered Agent

DUNN, JERRY W
STAR RT BOX 82
524 COUNTY ROAD 310
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

Jill W. HAUGHT

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

RT 4 BOX 544 (213 MCGILL RD)

83

84 City

INTERLACHEN

FL

85 Zip Code

32148

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

Jill W. Haught
Signature, typed or printed name of registered agent and type if applicable

Jill W. HAUGHT

(NOTE: Registered Agent signature required when reappointing)

4-24-95

DATE

12. OFFICERS AND DIRECTORS

TITLE PDI
NAME REYNOLDS, DELOS
STREET ADDRESS 187 DICKENS ST
CITY- ST- ZIP INTERLACHEN FL

TITLE D
NAME BIGNALL, ALFRED C
STREET ADDRESS RT 3, BOX 988R (116 CHEROKEE)
CITY- ST- ZIP INTERLACHEN FL

TITLE SD
NAME HAUGHT, JILL W.
STREET ADDRESS RT 4 BOX 544 (213 MCGILL RD)
CITY- ST- ZIP INTERLACHEN FL

TITLE D
NAME DUNN, JERRY W.
STREET ADDRESS STAR RT. BOX 82
CITY- ST- ZIP PALATKA FL 32177

TITLE D
NAME SHERMAN, CAROL
STREET ADDRESS RT 4 BOX 159-C (512 N. HWY 315)
CITY- ST- ZIP INTERLACHEN FL 32148

TITLE D
NAME SIMS, JAMES R.
STREET ADDRESS 672 S. COUNTY RD.
CITY- ST- ZIP INTERLACHEN FL 32148

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDI
1.2 NAME JILL W. HAUGHT
1.3 STREET ADDRESS RT 4 BOX 544 (213 MCGILL RD)
1.4 CITY- ST- ZIP INTERLACHEN FL 32148

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE DT
4.2 NAME CARPENTER, JAMES
4.3 STREET ADDRESS 202 COMMONWEALTH AV
4.4 CITY- ST- ZIP INTERLACHEN FL 32148

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

6.1 TITLE D
6.2 NAME JORGENSEN KATHY
6.3 STREET ADDRESS 877 HWY 20
6.4 CITY- ST- ZIP INTERLACHEN, FL 32148

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)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jill W. Haught
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

DATE

904
684-0771

Telephone Number