FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 709802

(3)

INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

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Mailing Address

400 COMMONWEALTH AVE.

200 COMMONWEALTH AVE. P.O. BOX 125

ITERLACHEN FI	L 32148	INTERLACHEN FL 3	2148-0125	3. Date Incorporated or Qualified 10/22/1965						
2. Principal I	Place of Business	2a. Mailing Add	ress	4. FEI Number 59-2387070						
Suite, Apt	. #, etc.	Suite, Apt. #	etc.	5. Certificate of Status Desired						
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution				
Zip 24	Country 25	Zip 29	30	ountry	•	This corporation has liability for Florida Statutes				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R				
				81	Name					
HAUGHT, RT. 4, BO				82	Street A	eet Address (P.O. Box Number is Not Accept				
213 MCG	ILL ST.			83						
INTERLAC	HEN FL 32148			-						
office or	to the provisions of Sections 617 registered agent, or both, in the Sam familiar with, and accept the c	tate of Florida. Such char	nge was authoriz	ed by	the corp	corporation submits this statement for the poration's board of directors. I hereby accoration				
SIGNATURE	Signature, typed or printed name of registere	d agent and little if applicable	(NOTE Registe	red Age	ent signature	required when reinstating)				
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFF				
TITLE	PDS	□ D	ELETE 1.1	TITLE						
NAME	HAUGHT, JILL W		1.2	NAME						
STREET ADDRESS	RT. 4, BOX 544, 213 MCGII	.L ST.	1.3	STREET	ADDRESS					
CITY-ST-ZIP	INTERLACHEN FL	_	, 1.4	CITY-S	T-ZIP					
TITLE	D	D	ELETE 21	TITLE		D				
NAME	BIGNALL, ALFRED C		2.2	NAME		VALINTINE, BARB				
STREET ADDRESS	RT 3, BOX 968R (116 CHE	rokee)	2.3	STREET	ADDRESS	POB 1173 (23) LAKE				

	F	FILED)
Mar	17	1997	8:00am
Se	crei	tary o	f State



3a. Date of Last Report 06/19/1996

Applied For Not Applicable \$8.75 Additional

Fee Required

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City & State			City & State					'	6. Election Trust F	on Camp Fund Co	-		g 🗆			May Be to Fees	
Zip		(Country	Zip	· · · · I	Count	lry			R This c	orporati	on has	liability	for inten	nihle 1	av under s	. 199.032,
24		25		29	3	_					Statute		naomty	Yes	~ —	No	. 133.002,
	9. Name	and	Address of Current	Registered Ag	ent				1	0. Name	and A	dress	of New	/ Registe	red A	gent	
- · · · · ·			•			8	31	Name									
HAUGHT,	JIII. W						12	Stroot A	ddrocc	(P.O. Box	Numb	or io Ne	A Acce	ntable)			
RT. 4, BO						°	"	SHEEK A	uuress	(F.O. DO.	K INOFIID	61 13 140	الرادو	plable)			
213 MCGI						8	33						**				
	HEN FL 32	148				ļ_											
INTERNA	A ILIVI C OC	140				8	14	City						ļ	FI_	85 Zip	Code
11. Pursuant	to the provis	ions (of Sections 617.0502	and 617.1508,	Florida Statutes	the abo	ve-	named c	orporat	ion subm	its this	stateme	ent for th	he nuroo	se of	hanging i	ts registered
office or i	registered ag am familiar wi	jent, d th. ar	or both, in the State of ad accept the obligati	i Florida, Such ons of, Section	change was au 617.0503, Florid	norizea i da Statut	by i les.	tne corpo	orations	s board o	т анеск	ors. I ne	ereby a	ccept the	appo	intment as	registereo
SIGNATURE			,														
SIGNATURE	Signature, typed	or prin	ad name of registered agent	and title if applicable	(NOTE F	Registered A	Agent	l signature r	equired wh	en reinstatin		•		.	ΝŤΕ		
12.			OFFICERS AND			13.				ADDITI	ONS/CH	IANGE:	s to o	FFICERS	AND	DIRECTO	
TITLE	PDS DELETE				DELETE	1.1 TITLE	E		L] Change	Addition	
NAME	HAUGHT, JILL W					1.2 NAM	ΙE										
STREET ADDRESS	TADORESS RT. 4, BOX 544, 213 MCGILL ST.						ET A	DDRESS									
CITY-ST-ZIP	INTERLAC	HEN	FL			1.4 CITY	- \$1	- ZIP									
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NAME	BIGNALL,	ALF	RED C			2.2 NAM	IE.		VAL	INT	INĒ	ე (3	ARI	BAR	~) ~		1
STREET ADDRESS	RT 3, 80)	(968	R (116 CHEROKEI	E)		2.3 STRE	ET A	DDRESS	<i>Pv G</i>	117	3 (اوذ	CAK	ie Lu	34 (CESC!	ENT)
CITY-ST-ZIP	INTERLAC	HÉN	FL			2 4 CITY	Y-ST	- ZiP	INI	-er	-18 1	246	<u> </u>	<u>, </u>		2 11	+0
TITLE	SD				DELETE	3 1 TITLE	E							•	ŀ	Change	Addition
NAME	HAUGHT,	JILL	W.			32 NAM	IE.										
STREET ADDRESS	RT 4 BOX	544	(213 MCGILL RD)			3 3 STAE	EET A	DDRESS									
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NAME	CARPENT	ER, .	IAMES			4.2 NAM	Æ]									
STREET ADDRESS	202 COM	MON	wealth ave.			4.3 STRE	EET A	DDRESS									
CITY-ST-ZIP	INTERLAC	HEN	FL			4.4 CITY	'- ST -	- ZIP									
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NAME	SHERMAN	I, CA	ROL			52 NAM	IE.		Bui	NOH) ,)	N	1010	NO U	20.		
STREET ADDRESS	RT 4 BOX	159	-C (512 N. HWY 31	15)		5.3 STRE	EET A	DDRESS	PoB	970	(1	(a.5	. ol	~~ u	J-3~	1/	
CITY-ST-ZIP	INTERLAC	HEN	FL 32148			5.4 CITY	- ST -		IN	TER	CAG	<u> </u>	ران	FL		321	
TITLE	D				DELETE	6 1 TITLE	E		0		-				-	Change	Addition
NAME	JORGENS	EN,	KATHY			6.2 NAM	IE		Bol	ieet 2 Bi	T ,	J)	1-	•			
STREET ADDRESS	877 HWY.	20				6 3 STRE	EET A	DDRESS								_	
CITY-ST-ZIP	INTERLAC		FL			6.4 CITY	- 51	- ZIP	IN	TER	LA	CHE	م صو	FL	- '	3214	t ¥
			information supplied	with this filing o	loes not qualify	for the ex	xen	option sta	ated in !	Section 1	19.07/3	Yi) Flor	ida Sla	tutes I fu	ırther	certify that	the

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. If 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 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 address.