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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 709802 (3)

1. Corporation Name

INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
200 COMMONWEALTH AVE. P.O. BOX 125 INTERLACHEN FL 32148	200 COMMONWEALTH AVE. P.O. BOX 125 INTERLACHEN FL 32148-0125

3. Date Incorporated or Qualified: 10/22/1965
3a. Date of Last Report: 06/19/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAUGHT, JILL W
RT. 4, BOX 544
213 MCGILL ST.
INTERLACHEN FL 32148

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAUGHT, JILL W		1.2 NAME		
STREET ADDRESS	RT. 4, BOX 544, 213 MCGILL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BIGNALL, ALFRED C		2.2 NAME	VALINTINE, BARBARA	
STREET ADDRESS	RT 3, BOX 968R (116 CHEROKEE)		2.3 STREET ADDRESS	POB 1173 (231 LAKE LUCY CRESCENT)	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAUGHT, JILL W.		3.2 NAME		
STREET ADDRESS	RT 4 BOX 544 (213 MCGILL RD)		3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, JAMES		4.2 NAME		
STREET ADDRESS	202 COMMONWEALTH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	SHERMAN, CAROL		5.2 NAME	BUNCH, JUNIOR	
STREET ADDRESS	RT 4 BOX 159-C (512 N. HWY 315)		5.3 STREET ADDRESS	POB 970 (162 2ND WAY)	
CITY-ST-ZIP	INTERLACHEN FL 32148		5.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	JORGENSEN, KATHY		6.2 NAME	BOGERT, JILL	
STREET ADDRESS	877 HWY. 20		6.3 STREET ADDRESS	RT 2 BOX 262	
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

CR2E037 (9/96)

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

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