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Sep 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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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3. Date Incorporated or Qualified 10/22/1965
4. FEI Number 59-2387070
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Barbara J. Valentine 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1173 83 233 Lake Lucy Crescent 84 City Interlachen FL 85 Zip Code 32148

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 **Barbara J. Valentine** **6-23-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDS ☐ DELETE
NAME	HAUGHT, JILL W
STREET ADDRESS	RT. 4, BOX 544, 213 MCGILL ST.
CITY-ST-ZIP	INTERLACHEN FL
TITLE	D ☐ DELETE
NAME	VALENTINE, BARBARA
STREET ADDRESS	POB 1173 (231 LAKE LUCY CRESCENT)
CITY-ST-ZIP	INTERLACHEN FL
TITLE	SD ☐ DELETE
NAME	HAUGHT, JILL W.
STREET ADDRESS	RT 4 BOX 544 (213 MCGILL RD)
CITY-ST-ZIP	INTERLACHEN FL
TITLE	DT ☐ DELETE
NAME	CARPENTER, JAMES
STREET ADDRESS	202 COMMONWEALTH AVE.
CITY-ST-ZIP	INTERLACHEN FL
TITLE	D ☐ DELETE
NAME	BUNCH, JUNIOR
STREET ADDRESS	POB 970 (162 2ND WAY)
CITY-ST-ZIP	INTERLACHEN FL
TITLE	D ☐ DELETE
NAME	BOGERT, JILL
STREET ADDRESS	RT 2 BOX 262
CITY-ST-ZIP	INTERLACHEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PDS ☒ Change ☐ Addition
1.2 NAME	Barbara J. Valentine
1.3 STREET ADDRESS	P.O. Box 1173, 233 Lake Lucy Crescent
1.4 CITY-ST-ZIP	Interlachen, Fla. ☒ Change ☐ Addition
2.1 TITLE	DT/VP ☒ Change ☐ Addition
2.2 NAME	James Carpenter
2.3 STREET ADDRESS	202 Commonwealth Ave.
2.4 CITY-ST-ZIP	Interlachen, Fla.
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	Kevin J. Valentine
3.3 STREET ADDRESS	P.O. Box 1173
3.4 CITY-ST-ZIP	Interlachen, Fla. 32148
4.1 TITLE	D/S ☐ Change ☒ Addition
4.2 NAME	David Trout
4.3 STREET ADDRESS	102 Athens
4.4 CITY-ST-ZIP	Interlachen Fla.
5.1 TITLE	D/C ☐ Change ☒ Addition
5.2 NAME	Gary Warren
5.3 STREET ADDRESS	Hwy Box 92 118 Redfox Rd
5.4 CITY-ST-ZIP	Palatka, Fla. ☒ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE **Barbara J. Valentine** **6-23-98**

CR2E037 (10/97)