SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State
08-17-1999 90005 025 ****61.25

DOCUMENT # 709802

1. Corporation Name
INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

606442 - 90005 - 25

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 10/22/1965 4. FEI Number 59-2387070 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VALENTINE, BABARA J
PO BOX 1173
233 LAKE LUCY CRESCENT
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 Barbara J Valentine 8-3-99
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	PDS	☐ DELETE	1.1 TITLE	DTV	☑ Change ☐ Addition
NAME	VALENTINE, BARBARA J		1.2 NAME	Valentine, Barbara	
STREET ADDRESS	PO BOX 1173, 233 LAKE LUCY CRESCENT		1.3 STREET ADDRESS	P.O. Box 1173 233 Lake Lucy Crescent	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	Interlachen, Fla.	
TITLE	DTVP	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	CARPENTER, JAMES		2.2 NAME	Warren, Gary	
STREET ADDRESS	202 COMMONWEALTH AVE.		2.3 STREET ADDRESS	HC1 Box 92 118 Redfox Rd.	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	Palatka, Fla.	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	VALENTINE, KEVIN J.		3.2 NAME	Valentine, Kevin J	
STREET ADDRESS	PO BOX 1173 ((N//A))		3.3 STREET ADDRESS	P.O. Box 1173 233 Lake Lucy Crescent	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	DS	☐ DELETE	4.1 TITLE	DS	☐ Change ☐ Addition
NAME	TROUT, DAVID		4. 2 NAME	Trout, David	
STREET ADDRESS	102 ATHENS		4.3 STREET ADDRESS	102 Athens	
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP	Interlachen, Fla. 32148	
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, GARY		5.2 NAME		
STREET ADDRESS	HC1.BOX 92, 118 REDFOX RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOGERT, JILL		6.2 NAME		
STREET ADDRESS	RT 2 BOX 262		6.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		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)(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, with all other like empowered.

SIGNATURE: Barbara J Valentine 8-11-99 904-684-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)