2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709802

FILED Mar 14, 2007 Secretary of State

Entity Name: INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address:

New Mailing Address:

200 COMMONWEALTH AVE. P.O. BOX 125

P.O. BOX 125 INTERLACHEN, FL 32148

INTERLACHEN, FL 32148

FEI Number: 59-2387070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALENTINE, BARBARA J 233 LAKE LUCY CRESCENT INTERLACHEN, FL 32148 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PD (X) Change () Addition

Name: VALENTINE, BARBARA J Name: VALENTINE, BARBARA J

Address: PO BOX 1173, 233 LAKE LUCY CRESCENT Address: PO BOX 1173

City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: INTERLACHEN, FL 32148

Title: DC () Delete Title: () Change () Addition

 Name:
 WARREN, GARY
 Name:

 Address:
 P.O. BOX 1173
 Address:

 City-St-Zip:
 INTERLACHEN, FL 32148
 City-St-Zip:

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VD} \qquad \mbox{(X) Change () Addition}$

 Name:
 BUSCH, JIM
 Name:
 BUSCH, JIM

 Address:
 P.O BOX 1925
 Address:
 P.O BOX 1925

City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete Title: () Change () Addition

 Name:
 PATTEN, KENNETH
 Name:

 Address:
 148 SIOUX AVE.
 Address:

 City-St-Zip:
 INTERLACHEN, FL 32148
 City-St-Zip:

Name:VALENTINE, BARBARAName:WALLACE, SUSANAddress:P.O. BOX 1173Address:183 ROMANSHORN STCity-St-Zip:INTERLACHEN, FL 32148City-St-Zip:INTERLACHEN, FL 32148

Title: () Delete Title: DT () Change (X) Addition

 Name:
 Name:
 RUSSELL, JEAN

 Address:
 Address:
 155 ISTANBUL ST

 City-St-Zip:
 City-St-Zip:
 INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN RUSSELL DT 03/14/2007