2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 21, 2007
Secretary of State

DOCUMENT# 709802

Entity Name: INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

200 COMMONWEALTH AVE.
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 125
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 45-0580751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	VALENTINE, BARBARA J	
Address:	PO BOX 1173	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	DC	( ) Delete
Name:	WARREN, GARY	
Address:	P.O. BOX 1173	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	VD	( ) Delete
Name:	BUSCH, JIM	
Address:	P.O BOX 1925	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	D	( ) Delete
Name:	PATTEN, KENNETH	
Address:	148 SIOUX AVE.	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	DS	( ) Delete
Name:	WALLACE, SUSAN	
Address:	183 ROMANSHORN ST	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	DT	( ) Delete
Name:	RUSSELL, JEAN	
Address:	155 ISTANBUL ST	
City-St-Zip:	INTERLACHEN, FL 32148	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA VALENTINE PD 11/21/2007
Electronic Signature of Signing Officer or Director — Date