

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709802

FILED
Mar 23, 2009
Secretary of State

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: BRANCH, PATRICIA
Address: 112 WHIPPOORWILL LANE
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

03/23/2009

Electronic Signature of Signing Officer or Director

Date