2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# 709802

Entity Name: INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

202 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 (X)**

Name and Address of Current Registered Agent:

WARREN, 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
Name: WARREN, BARBARA J
Address: PO BOX 1173
City-St-Zip: INTERLACHEN, FL 32148

Title: DC
Name: WARREN, GARY
Address: P.O. BOX 1173
City-St-Zip: INTERLACHEN, FL 32148

Title: VD
Name: BUSCH, JIM
Address: P.O BOX 1925
City-St-Zip: HAWTHORNE, FL 32640

Title: D
Name: PATTEN, KENNETH
Address: 148 SIOUX AVE.
City-St-Zip: INTERLACHEN, FL 32148

Title: DS
Name: PAPER, SUE
Address: 229 LAKE IDA POINT DR.
City-St-Zip: INTERLACHEN, FL 32148

Title: DT
Name: RUSSELL, JEAN
Address: 155 ISTANBUL ST
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: SUE PAPER DS 04/02/2012

Electronic Signature of Signing Officer or Director — Date