

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732681 (2)
1. Corporation Name
UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business Mailing Address
133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148
133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148-0606

3. Date Incorporated or Qualified 05/07/1975
3a. Date of Last Report 04/22/1996
4. FEI Number 51-0191143
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
HART, GENE
133-29 KENNEDY ST
UNIT 16
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent
81 Name Darlyn Vetrano Chief/Director
82 Street Address (P.O. Box Number is Not Acceptable) 133-29 Kennedy Ave.
83 Unit 16
84 City Interlachen FL 85 Zip Code 32148

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 *Darlyn Vetrano*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTON, HUGH	
STREET ADDRESS	RT 1 BOX 376F N/A	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAUER, SHIRLEY	
STREET ADDRESS	RT 1 BOX 247	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VETRANO, DARLYN	
STREET ADDRESS	1136 JR. LAKE DRIVE	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, BESSIE	
STREET ADDRESS	RT 1 BOX 352 NA	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILMORE, LOWELL	
STREET ADDRESS	ROUTE 1 BOX 407 F N/A	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, ELAINE	
STREET ADDRESS	PO BOX 1804 N/A	
CITY-ST-ZIP	INTERLACHEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gene Hart	
3.3 STREET ADDRESS	133-29 Kennedy Ave	
3.4 CITY-ST-ZIP	Interlachen FL 32148	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shirley Whitehouse	
4.3 STREET ADDRESS	Rt. 1, Box 336 NA	
4.4 CITY-ST-ZIP	Interlachen FL 32148	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Kifer	
6.3 STREET ADDRESS	Rt. 1, Box 245 A N/A	
6.4 CITY-ST-ZIP	Interlachen FL 32148	

14. I do 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.

SIGNATURE: *Donnell M. [Signature]* 1-14-97 684 6388
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #000000

CR2E037 (9/96)