

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732681 (2)
 1. Corporation Name
UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business 133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148	Mailing Address 133-29 KENNEDY ST UNIT 1 PO BOX 606 (MAILING ADDRESS) INTERLACHEN FL 32148
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3. Date Incorporated or Qualified 05/07/1975	
4. FEI Number 51-0191143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent VETRANO, DARLYN CHEIF/D 133-29 KENNEDY AVE. UNIT 16 INTERLACHEN FL 32148
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, HUGH RT 1 BOX 376F N/A INTERLACHEN-FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	VD MAUER, SHIRLEY RT 1 BOX 247 INTERLACHEN-FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
	D HART, GENE 133-29 KENNEDY AVE. INTERLACHEN-FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	SD WHITEHOUSE, SHIRLEY RT. 1, BOX 336 NA INTERLACHEN-FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	TD GILMORE, LOWELL ROUTE 1 BOX 407 F N/A INTERLACHEN FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	D KIFER, DAVID RT. 1, BOX 245 N/A INTERLACHEN FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

P. D. Eugene Gordon 818 Lenoir Av. Interlachen Fl 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V. P. D. Garry Thomas 824 Lenoir Av Interlachen Fl 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V. P. D. Thomas Christopher 114 Franklin St Interlachen Fl 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S. D. Angeline Kusa 715 Norman Av Interlachen Fl 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Lowell Gilmore **SIGNATURE REQUIRED** Lowell Gilmore Treas. 1-12-98 904 684 6388

CR2E037 (10/97)