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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732681

1. Corporation Name

UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

1 60966 90073 636 *

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/07/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

51-0191143

Applied For Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~VETRANO, DARLYN CHEIF/D
 133-29 KENNEDY AVE.
 UNIT 16
 INTERLACHEN FL 32148~~

81 Name Frieb, Dolores P/D

82 Street Address (P.O. Box Number is Not Acceptable)
 120 Bonnie Av

83 Interlachen

84 City Florida

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 Dolores Frieb Pres.

Dolores T. Frieb

2-11-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME GORDON, EUGENE
 STREET ADDRESS 818 LENORI AVE
 CITY-ST-ZIP INTERLACHEN FL 32148

1.1 TITLE PRES. D. Change Addition
 1.2 NAME Frieb, Dolores
 1.3 STREET ADDRESS 120 Bonnie Av
 1.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE VPD DELETE
 NAME THOMAS, GARRY
 STREET ADDRESS 824 LENOIR AVE
 CITY-ST-ZIP INTERLACHEN FL 32148

2.1 TITLE VP/D Change Addition
 2.2 NAME Doane, William
 2.3 STREET ADDRESS 910 O'Farrell Av
 2.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE VPD DELETE
 NAME CHRISTOPHER, THOMAS
 STREET ADDRESS 114 FRANKLIN ST
 CITY-ST-ZIP INTERLACHEN FL 32148

3.1 TITLE VP/D Change Addition
 3.2 NAME Whitehouse, Shirley
 3.3 STREET ADDRESS 509 Kennedy Av
 3.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE SD DELETE
 NAME DUSA, ANGELINE
 STREET ADDRESS 715 NORMAN AVE
 CITY-ST-ZIP INTERLACHEN FL 32148

4.1 TITLE S/D Change Addition
 4.2 NAME Kusa, Angeline
 4.3 STREET ADDRESS 715 Norman Av
 4.4 CITY-ST-ZIP Interlachen, FL 32148

TITLE TD DELETE
 NAME GILMORE, LOWELL
 STREET ADDRESS ROUTE 1 BOX 407 F N/A
 CITY-ST-ZIP INTERLACHEN FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME KIFER, DAVID
 STREET ADDRESS RT. 1, BOX 245 N/A
 CITY-ST-ZIP INTERLACHEN FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Lowell Gilmore
 SIGNATURE REQUIRED: *Lowell Gilmore* 2-11-99 904 684 6388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)