


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90039 034 ****61.25

DOCUMENT # 732681					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0191143	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent PELLICER, TOM 410 BRETT AVE INTERLACHEN FL 32148			7. Name and Address of New Registered Agent Name MARK D FLETCHER Street Address (P.O. Box Number is Not Acceptable) 100 CARNATION ST. City INTERLACHEN FL 32148		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE MARK D FLETCHER		<i>Mark D Fletcher</i>		DATE 2-14-05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEB, DELORES 120 BONNIE AVE. INTERLACHEN FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH BAHR 824 LENORE AVE INTERLACHEN FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLICER, TOM 410 BRETT AVE INTERLACHEN FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK D FLETCHER 100 CARNATION ST. INTERLACHEN FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, KEN 123 JERNIGAN ST. INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVINS, STEWART 1118 SWLMA AVE INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, LOWELL 304 DAWN AVE INTERLACHEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARM, LEONARD 420 EVANS AVE INTERLACHEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lowell Gilmore</i>		LOWELL GILMORE		DATE 2-14-05 386684 6388	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE Daytime Phone #	

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1st MOORE CR2E037 (10/04)