

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 018 ****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

1st MOORE

CR2E037 (10/05)

4. FEI Number

51-0191143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, MARK D
100 CARNATION ST
INTERLACHEN FL 32148

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME BAHR, RUTH
STREET ADDRESS 824 LENORE AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE PD ☐ Delete
NAME FLETCHER, MARK D
STREET ADDRESS 100 CARNATION ST
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE D ☒ Delete
NAME MCCANN, KEN
STREET ADDRESS 123 JERNIGAN ST.
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE VD ☐ Delete
NAME IVINS, STEWART
STREET ADDRESS 1118 SWLMA AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE TD ☐ Delete
NAME GILMORE, LOWELL
STREET ADDRESS 304 DAWN AVE
CITY-ST-ZIP INTERLACHEN FL

TITLE D ☒ Delete
NAME SCHWARM, LEONARD
STREET ADDRESS 420 EVANS AVE
CITY-ST-ZIP INTERLACHEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME Brown, Sharon
STREET ADDRESS 402 Shirley St.
CITY-ST-ZIP Interlachen, FL 32148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Mills, Donna
STREET ADDRESS 102 Poinciana St.
CITY-ST-ZIP Interlachen, FL 32148

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lowell Gilmore

LOWELL GILMORE 3-1-06

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