
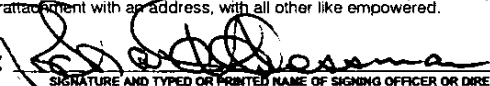


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 009 ****61.25

DOCUMENT # 732681 1. Entity Name UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC					
Principal Place of Business 217 KENNEDY AVE. INTERLACHEN, FL 32148			Mailing Address 217 KENNEDY AVE. INTERLACHEN, FL 32148		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0191143	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRESSMAN, RICHARD 114 POINCIANA DR INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete			
NAME	BAHR, RUTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	824 LENORE AVE				
CITY-ST-ZIP	INTERLACHEN, FL 32148				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	CROSSMAN, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	114 POINCIANA DR	President Cressman, Richard			
CITY-ST-ZIP	INTERLACHEN, FL 32148	114 Poinciana Drive Interlachen, FL 32148			
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	BROWN, SHARON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS	402 SHIRLEY ST	1st Vice President Steve Mills			
CITY-ST-ZIP	INTERLACHEN, FL 32148	102 Poinciana Drive Interlachen, FL 32148			
TITLE	VD	<input type="checkbox"/> Delete			
NAME	MINS, STEWART	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1118 SWLMA AVE				
CITY-ST-ZIP	INTERLACHEN, FL 32148				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MCCANN, KENNETH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	123 JERNIGAN STREET				
CITY-ST-ZIP	INTERLACHEN, FL 32148				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MILLS, DONNA	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Chapter 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 attached document with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					