
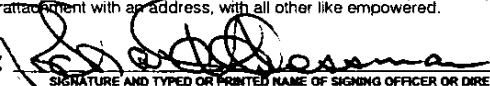


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 732681</b>					
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		01042008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0191143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRESSMAN, RICHARD 114 POINCIANA DR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHR, RUTH		NAME		
STREET ADDRESS	824 LENORE AVE		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSSMAN, RICHARD		NAME	Cressman, Richard	
STREET ADDRESS	114 POINCIANA DR		STREET ADDRESS	114 Poinciana Drive	
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, SHARON		NAME	Steve Mills	
STREET ADDRESS	402 SHIRLEY ST		STREET ADDRESS	102 Poinciana Drive	
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINS, STEWART		NAME		
STREET ADDRESS	1118 SWLMA AVE		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCANN, KENNETH		NAME		
STREET ADDRESS	123 JERNIGAN STREET		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, DONNA		NAME		
STREET ADDRESS	102 POINCIANA ST		STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP		
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 attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					