

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732681

FILED
Apr 06, 2009
Secretary of State

Entity Name: UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

Current Principal Place of Business:

217 KENNEDY AVE.
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

217 KENNEDY AVE.
INTERLACHEN, FL 32148

New Mailing Address:

217 KENNEDY AVE.
P.O. BOX 606
INTERLACHEN, FL 32148 06

FEI Number: 51-0191143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRESSMAN, RICHARD
114 POINCIANA DR
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BAHR, RUTH
Address: 824 LENORE AVE
City-St-Zip: INTERLACHEN, FL 32148

Title: P () Delete
Name: GRESSMAN, RICHARD
Address: 114 POINCIANA DR
City-St-Zip: INTERLACHEN, FL 32148

Title: 1VP () Delete
Name: MILLS, STEVE
Address: 102 POINCIANA DR
City-St-Zip: INTERLACHEN, FL 32148

Title: VD () Delete
Name: IVINS, STEWART
Address: 1118 SWLMA AVE
City-St-Zip: INTERLACHEN, FL 32148

Title: TD () Delete
Name: MCCANN, KENNETH
Address: 123 JERNIGAN STREET
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: MILLS, DONNA
Address: 102 POINCIANA ST
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: HITCHNER, MERLE
Address: 104 KENNEDY AVE
City-St-Zip: INTERLACHEN, FL 32148

Title: VD (X) Change () Addition
Name: IVINS, STEWART
Address: 1118 SELMA AVE
City-St-Zip: INTERLACHEN, FL 32148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E MCCANN

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date