

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 741763 (7)**  
1. Corporation Name  
**INDIAN HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**32801 NO US 441 -#400  
OKEECHOBEE FL 34972-0271**

Mailing Address  
**32801 NO US 441 -#400  
OKEECHOBEE FL 34972-0271**

3. Date Incorporated or Qualified  
**02/07/1978**

3a. Date of Last Report  
**03/31/1995**

4. FEI Number  
**59-1529251**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

## 9. Name and Address of Current Registered Agent

**DOVER, WILLARD D.  
500 E BROWARD BLVD, FLR 17  
FT. LAUDERDALE FL 33304**

## 10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOVER, WILLARD D	
STREET ADDRESS	500 E BROWARD, 7TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOSTER, EDWARD T.	
STREET ADDRESS	1050 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUME, JOHN	
STREET ADDRESS	1401 UNIVERSITY DR #301	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, JAMES F.	
STREET ADDRESS	32801 N. U.S. 441, #44	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHARF, DAVID M.	
STREET ADDRESS	71 SE 11TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Lynch	
1.3 STREET ADDRESS	32801 Highway 441 N. #66	
1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John W. Lynch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

941-763-9401

Daytime Phone #

CR2E037 (12/95)