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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 741763 (7)
1. Corporation Name
INDIAN HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

32801 NO US 441 -#400
OKEECHOBEE FL 34972-027132801 NO US 441 -#400
OKEECHOBEE FL 34972-44013. Date Incorporated or Qualified
02/07/19783a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-1529251

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME LYNCH, JOHN
STREET ADDRESS 32801 HIGHWAY 441 N #68
CITY-ST-ZIP OKEECHOBEE FL☐ DELETE1.1 TITLE SD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE TD
NAME FOSTER, EDWARD T.
STREET ADDRESS 1050 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD, FL 00000☒ DELETE2.1 TITLE VD
2.2 NAME Lewis B. Whiting
2.3 STREET ADDRESS 32801 Hwy 441 N., #174
2.4 CITY-ST-ZIP Okeechobee, FL 34972☐ Change☒ AdditionTITLE D
NAME HUME, JOHN
STREET ADDRESS 1401 UNIVERSITY DR #301
CITY-ST-ZIP CORAL SPRINGS FL☐ DELETE3.1 TITLE PD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE VD
NAME LASSITER, JAMES F.
STREET ADDRESS 32801 N. U.S. 441, #44
CITY-ST-ZIP OKEECHOBEE FL☒ DELETE4.1 TITLE D
4.2 NAME Sue Black
4.3 STREET ADDRESS 32801 Hwy 441 N., #85
4.4 CITY-ST-ZIP Okeechobee, FL 34972☐ Change☒ AdditionTITLE SD
NAME SCHARF, DAVID M.
STREET ADDRESS 71 SE 11TH ST
CITY-ST-ZIP POMPANO BEACH FL☐ DELETE5.1 TITLE VD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE D
6.2 NAME Wayne R. Johnson
6.3 STREET ADDRESS 32801 Hwy 441 N., #77
6.4 CITY-ST-ZIP Okeechobee, FL 34972☐ Change☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

Date

Daytime Phone # 0071358

CR2E037 (9/96)