

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741763

FILED
Jan 13, 2005
Secretary of State

Entity Name: INDIAN HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

32801 NO US 441 -#400
OKEECHOBEE, FL 349720271

New Principal Place of Business:

Current Mailing Address:

32801 NO US 441 -#400
OKEECHOBEE, FL 349720271

New Mailing Address:

FEI Number: 59-1529251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVER, WILLARD D.
C/O NILES DOBBINS, MEEKS RALEIGH & DOVER
2601 E OAKLAND PARK BLVD # 400
FORT LAUDERDALE, FL 33306 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: LYNCH, JOHN
Address: 32801 HIGHWAY 441 N #66
City-St-Zip: OKEECHOBEE, FL

Title: PD () Delete
Name: MACLAIN, GAIL
Address: 32801 HWY 441 N, #206
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD () Delete
Name: JONES, RAY
Address: 32801 HWY 441 N, #447
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: ROBERTS, BARBARA
Address: 32801 HWY 441 N, #265
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN W. LYNCH

S/D

01/13/2005

Electronic Signature of Signing Officer or Director

Date