

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741763

FILED
May 21, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOVER, WILLARD D.
32801 HWY. 441N #56
OKEECHOBEE, FL 34972 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: GILBERT, ROBERT
Address: 5518 GOLDEN EAGLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: LACHAPPELLE, SHERI
Address: 2637 E. ATLANTIC BLVD. #266
City-St-Zip: POMPANO BEACH, FL 33062

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 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: JOHN W. LYNCH

SD

05/21/2009

Electronic Signature of Signing Officer or Director

Date