


FILE NOW: FILING FEE IS \$61.25

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96 JAN 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748877 (8) 1. Corporation Name INDIAN MOUND VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 1700 ENTERPRISE ROAD ENTERPRISE FL 32725-9429			Mailing Address 1700 ENTERPRISE ROAD ENTERPRISE FL 32725-9429		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1979	
21		26		3a. Date of Last Report 01/20/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAHILL, JOE 1492 ARROWHEAD TR. ENTERPRISE FL 32725			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GUERRA, ANITA				
STREET ADDRESS	2123 S. OLDMILL DR.				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	CAHILL, JOE				
STREET ADDRESS	1492 ARROWHEAD TR.				
CITY-ST-ZIP	ENTERPRISE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	GRAHAM, BILL				
STREET ADDRESS	1375 KETTLE DRUM				
CITY-ST-ZIP	ENTERPRISE FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MILLER, JERRY				
STREET ADDRESS	1626 HORSE SHOE DR.				
CITY-ST-ZIP	ENTERPRISE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	CAHILL, CHRISTOPHER				
STREET ADDRESS	1466 AGATHA DR				
CITY-ST-ZIP	DELTONA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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: <u>Bill M. Graham</u> <u>Bill M. GRAHAM</u> 1-18-96 (904) 2576854					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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*****61.25 ☐ Change ☐ Addition

1-24-96
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