

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1979		3a. Date of Last Report 01/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 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 Joseph P. Cahill AD. DATE **2-5-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUERRA, ANITA			1.2 NAME	PERRY, JACQUELINE		
STREET ADDRESS	2123 S. OLD MILL DR.			1.3 STREET ADDRESS	266 COUNCIL BLUFFS RD		
CITY-ST-ZIP	DELTONA FL 32725			1.4 CITY-ST-ZIP	DELTONA FL 32725		
TITLE	PD (change)	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAHILL, JOE			2.2 NAME	JENSEN, WILLIAM		
STREET ADDRESS	1492 ARROWHEAD TR.			2.3 STREET ADDRESS	1301 BEGONIA ST		
CITY-ST-ZIP	ENTERPRISE FL			2.4 CITY-ST-ZIP	DELTONA FL 32725		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, BILL			3.2 NAME	WELDAY, KEVIN		
STREET ADDRESS	1375 KETTLE DRUM			3.3 STREET ADDRESS	1231 SACRAMENTO ST		
CITY-ST-ZIP	ENTERPRISE FL			3.4 CITY-ST-ZIP	DELTONA FL 32725		
TITLE	VD (change)	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JERRY			4.2 NAME			
STREET ADDRESS	1626 HORSE SHOE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ENTERPRISE FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAHILL, CHRISTOPHER			5.2 NAME			
STREET ADDRESS	1466 AGATHA DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Jacqueline Perry **3/25/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077747

CR2E037 (9/96)