

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

FILED  
Sep 02 1998 8:00am  
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**09/11/1979**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE  
NAME **QUERRA, ANITA**  
STREET ADDRESS **2123 S. OLD MILL DR.**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **PD** ☐ DELETE  
NAME **CAHILL, JOE**  
STREET ADDRESS **1492 ARROWHEAD TR.**  
CITY-ST-ZIP **ENTERPRISE FL**

TITLE **TD** ☐ DELETE  
NAME **PERRY, JACQUELINE**  
STREET ADDRESS **288 COUNCIL BLUFFS ROAD**  
CITY-ST-ZIP **DELTONA FL**

TITLE **VD** ☐ DELETE  
NAME **MILLER, JERRY**  
STREET ADDRESS **1628 HORSE SHOE DR.**  
CITY-ST-ZIP **ENTERPRISE FL**

TITLE **VD** ☐ DELETE  
NAME **JENSEN, WILLIAM**  
STREET ADDRESS **1301 BEGONIA ST**  
CITY-ST-ZIP **DELTONA FL**

TITLE **VD** ☐ DELETE  
NAME **WELDAY, KEVIN**  
STREET ADDRESS **1231 SACRAMENTO STREET**  
CITY-ST-ZIP **DELTONA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/98 4073232500  
Date Daytime Phone #

CR2E037 (5/98)