

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 9:39

DOCUMENT # 770254 (1)
1. Corporation Name
THE INDIANWOOD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
14574 S.W. RAKE DRIVE INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2328322** Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☒ No
24 Zip Country	29 Zip Country	

9. Name and Address of Current Registered Agent

**ROBINSON, BARNETT, JR.
% ROBINSON & GREENBERG, P.A.
2255 GLADES RD, SUITE 319 ATRIUM
BOCA RATON FL 33431**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARGAY, CHARLES E.
STREET ADDRESS	9501 N.W. 106TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	JACOBS, BRUCE
STREET ADDRESS	9630 RIVERVIEW DR.
CITY-ST-ZIP	SEBASTIAN FL
TITLE	STD
NAME	SILLS, RICHARD I.
STREET ADDRESS	PGA NATL 17 COMMODORE PL
CITY-ST-ZIP	PALM BCH, GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	Delete
2.3 STREET ADDRESS	No longer with the Organization
2.4 CITY-ST-ZIP	No Replacement
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	T Arlene Gaslin
4.3 STREET ADDRESS	2804 S. 29th St.
4.4 CITY-ST-ZIP	Fort Pierce, FL.
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard I. Silles

4/18/95 (407) 597-3791

Date

Daytime Phone #