

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007162

1. Entity Name
INDIAN HILL VOLUNTEER FIRE DEPT. INC.



Principal Place of Business
**3890 INDIAN HILLS DR. SW
MOORE HAVEN, FL 33471**

Mailing Address
**3890 INDIAN HILLS DR. SW
MOORE HAVEN, FL 33471**



02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0109077

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONSTABLE, SUSAN
8115 INDIAN MOUNDS RD. SW
MOORE HAVEN, FL 33471**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000430900
04/18/06-80072-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
CONSTABLE, RICKY
STREET ADDRESS
8115 INDIAN MOUND RD. SW
CITY-ST-ZIP
MOORE HAVEN, FL 33471

TITLE
D
NAME
WAGUESPACK, RANDY
STREET ADDRESS
CENTER DR.
CITY-ST-ZIP
MOORE HAVEN, FL 33440

TITLE
STD
NAME
CONSTABLE, SUSAN
STREET ADDRESS
8115 INDIAN MOUND RD. SW
CITY-ST-ZIP
MOORE HAVEN, FL 33471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Constable **SUSAN CONSTABLE**

3-31-2006

863-983-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #