

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709802

Entity Name: INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**202 COMMONWEALTH AVE.
INTERLACHEN, FL 32148**Current Mailing Address:**P.O. BOX 125
INTERLACHEN, FL 32148**FEI Number:** 45-0580751**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARREN, BARBARA J
233 LAKE LUCY CRESCENT
INTERLACHEN, FL 32148 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WARREN, BARBARA J
Address	PO BOX 1173
City-State-Zip:	INTERLACHEN FL 32148

Title	VD
Name	BUSCH, JIM
Address	P.O BOX 1925
City-State-Zip:	HAWTHORNE FL 32640

Title	DS
Name	PAPER, SUE
Address	229 LAKE IDA POINT DR.
City-State-Zip:	INTERLACHEN FL 32148

Title	DC
Name	WARREN, GARY
Address	P.O. BOX 1173
City-State-Zip:	INTERLACHEN FL 32148

Title	D
Name	PATTEN, KENNETH
Address	148 SIOUX AVE.
City-State-Zip:	INTERLACHEN FL 32148

Title	DT
Name	RUSSELL, JEAN
Address	155 ISTANBUL ST
City-State-Zip:	INTERLACHEN FL 32148

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA WARREN**PRESIDENT****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date