

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732681

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC2558232175**

**Entity Name:** UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

**Current Principal Place of Business:**

217 KENNEDY AVE.  
INTERLACHEN, FL 32148

**Current Mailing Address:**

217 KENNEDY AVE.  
P.O. BOX 606  
INTERLACHEN, FL 32148 06

**FEI Number:** 51-0191143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HITCHNER, MERLE  
104 KENNEDY AVE  
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 SD  
Name HITCHNER, MARY  
Address 104 KENNEDY AVE  
City-State-Zip: INTERLACHEN FL 32148

Title P  
Name HITCHNER, MERLE  
Address 104 KENNEDY AVE  
City-State-Zip: INTERLACHEN FL 32148

Title 1VP  
Name FLETCHER, MARK  
Address 100 CARNATION AVE  
City-State-Zip: INTERLACHEN FL 32148

Title TD  
Name BERRY, JOSEPH  
Address 227 O'FARRELL AVE  
City-State-Zip: INTERLACHEN FL 32148

Title D  
Name BERRY, JUANITA  
Address 227 O'FARRELL AVE  
City-State-Zip: INTERLACHEN FL 32148

Title D  
Name BROWN, SHARON  
Address 402 SHIRLEY STREET  
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: JOSEPH BERRY**

**TREASUER**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date