


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90059 034 \*\*\*\*61.25

0005431

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 705905**

1. Corporation Name  
**HOGAN-SPRING GLEN VOLUNTEER FIRE DEPARTMENT**

Principal Place of Business 1443 HUFFINGHAM LANE JACKSONVILLE FL 32216	Mailing Address 1443 HUFFINGHAM LANE JACKSONVILLE FL 32216
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6138143
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  USRY, III J 12170 ROCHFORD LANE JACKSONVILLE FL 32225	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box, Number is Not Acceptable) 83 84 City 85 Zip Code
	Martin J. Reinholz 5201 Atlantic Blvd. Jacksonville FL 32207

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: Martin J. Reinholz MARTIN J. REINHOLZ DATE: 4-14-99

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	USRY, III J 12170 ROCHFORD LANE JACKSONVILLE FL 32225	1.1 TITLE P	Martin J. Reinholz 5201 Atlantic Blvd. Jacksonville, FL 32207
TITLE VP	SULLIVAN, DARREN 3333 MONUMENT RD #103 JACKSONVILLE FL 32224	2.1 TITLE CP	Jeremiah C. Leonard 7049 Mill Crest Dr. S Jacksonville, FL 32277
TITLE S	MIXER, ELIZABETH 8300 OLD KINGS RD S #87 JACKSONVILLE FL 32217	3.1 TITLE S	TERRI E. GRESHAM 11575 Francis Drake Dr. Jacksonville, FL 32225
TITLE D	TURNER, STACY 90 NAUGATUCK DR JACKSONVILLE FL 32225	4.1 TITLE T	William F. Steenson 5469 Mansfields Pl. Jacksonville, FL 32207
TITLE D	GLASGOW, JOHN 8208 ODEN AVE. JACKSONVILLE FL 32216	5.1 TITLE	
TITLE D	RIVERA, ANTHONY 7061 OLD KINGS RD #103 JACKSONVILLE FL 32217	6.1 TITLE	

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, with all other like empowered.

SIGNATURE: Jeremiah C. Leonard DATE: 4-14-99 (904) 724-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)