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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004944 (4)

1. Corporation Name
HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSOCIATION, INC.



Principal Place of Business: 3210 SOUTH 78TH STREET TAMPA FL 33619
Mailing Address: 3210 SOUTH 78TH STREET TAMPA FL 33619-6510

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report: 02/27/1996
4. FEI Number: 59-3304622
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 2709 E. HANNA AVE. 22 Suite, Apt. #, etc.
23 TAMPA, FL 24 33610 25 Country
2a. Mailing Address: 26 2709 E. HANNA AVE. 27 Suite, Apt. #, etc.
28 TAMPA, FL 29 33610 30 Country

9. Name and Address of Current Registered Agent
MERTENS, ROBERT
3210 SOUTH 78TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2709 E. HANNA AVE.
83
84 City: TAMPA FL 85 Zip Code: 33610

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: Robert Mertens ROBERT MERTENS 2/26/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MERTENS, ROBERT	
STREET ADDRESS	3210 SOUTH 78TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	4503 CORONET ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARRETT, FERRIS	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEASLEY, GLORIA	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NALLS, FRED	
1.3 STREET ADDRESS	129 W. LUTZ LAKE FERN RD.	
1.4 CITY-ST-ZIP	LUTZ, FL 33549	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIAZ, HECTOR	
2.3 STREET ADDRESS	8901 MEMORIAL HWY.	
2.4 CITY-ST-ZIP	TAMPA, FL 33615	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: [Signature] GARRETT'S GARRETT 2/26/97 (813) 276-8354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0048538

CR2E037 (9/96)