


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 031 ****61.25

DOCUMENT # N97000000701 1. Entity Name HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 17081 NE SR 65 TELOGIA FL 32360		Mailing Address P.O. BOX 317 HOSFORD FL 32334-0317			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3446302	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMNER, RUDY G HWY 65 S TELOGIA FL 32360				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E037 (10/06)	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> BROWN, LARYUS RT 1 BOX 36 HOSFORD FL 32334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/S Sumner, Pam PO Box 166 Telogia, FL 32360	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> ARNOLD, SHANNA PO BOX 181 TELOGIA FL 32360	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fletcher, Curtis 17163 NE Co Rd. 67-A Hosford, FL 32334	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> AFC KENT, IVEY PO BOX 166 TELOGIA FL 32360	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FC Faircloth, Marty PO Box 301 Hosford, FL 32334	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> EVANS, BILL PO BOX 276 HOSFORD FL 32334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Pippin, RC PO Box 81 Hosford, FL 32334	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> SUMNER, RUDY PO BOX 72 TELOGIA FL 32360	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Brown, Larry 15983 NE Shadow Ln Hosford, FL 32334	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> KINCAID, BRAD PO BOX 506 HOSFORD FL 32334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Brown, Sarah P.O. Box 233 Hosford, FL 32334	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Rudy G. Sumner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/20/07 Date		850-643-4318 Daytime Phone #