


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent	
SUMNER, RUDY G HWY 65 S TELOGIA FL 32360	

4. FEI Number 59-3446302	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	BROWN, LARYUS
STREET ADDRESS	RT 1 BOX 36
CITY- ST- ZIP	HOSFORD FL 32334
TITLE	<input type="checkbox"/> Delete
NAME	ARNOLD, SHANNA
STREET ADDRESS	PO BOX 181
CITY- ST- ZIP	TELOGIA FL 32360
TITLE	<input type="checkbox"/> Delete
NAME	KENT, IVEY
STREET ADDRESS	PO BOX 166
CITY- ST- ZIP	TELOGIA FL 32360
TITLE	<input type="checkbox"/> Delete
NAME	EVANS, BILL
STREET ADDRESS	PO BOX 276
CITY- ST- ZIP	HOSFORD FL 32334
TITLE	<input type="checkbox"/> Delete
NAME	SUMNER, RUDY
STREET ADDRESS	PO BOX 72
CITY- ST- ZIP	TELOGIA FL 32360
TITLE	<input type="checkbox"/> Delete
NAME	KINCAID, BRAD
STREET ADDRESS	PO BOX 506
CITY- ST- ZIP	HOSFORD FL 32334

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000240842
STREET ADDRESS	02/24/05-80019-011 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rudy Sumner **2/15/05** **880-643-4318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #