

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 A
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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3446302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FL

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required with notarizing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ V ☐ Delete
NAME BROWN, LARYUS
STREET ADDRESS RT 1 BOX 36
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ T ☐ Delete
NAME ARNOLD, SHANNA
STREET ADDRESS PO BOX 181
CITY-ST-ZIP TELOGIA FL 32360

TITLE ☐ V ☐ Delete
NAME KENT, IVEY
STREET ADDRESS PO BOX 166
CITY-ST-ZIP TELOGIA FL 32360

TITLE ☐ D ☐ Delete
NAME EVANS, BILL
STREET ADDRESS PO BOX 276
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ P ☐ Delete
NAME SUMNER, RUDY
STREET ADDRESS PO BOX 72
CITY-ST-ZIP TELOGIA FL 32360

TITLE ☐ D ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rudy G. Sumner

2/19/08

850-643-4318