

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751967

**Entity Name:** HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.

**FILED**  
**Apr 07, 2024**  
**Secretary of State**  
**1059658950CC**

**Current Principal Place of Business:**

6001 MILLER BLUFF ROAD  
MILTON, FL 32583-6990

**Current Mailing Address:**

6001 MILLER BLUFF ROAD  
MILTON, FL 32583-6990

**FEI Number:** 59-1837172

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KRESSLER, COLLEEN  
6001 MILLER BLUFF RD  
MILTON, FL 32583 US

*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.*

**SIGNATURE:** COLLEEN KRESSLER

04/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BARNES, SARAH  
Address 6001 MILLER BLUFF RD  
City-State-Zip: MILTON FL 32583

Title TREASURER  
Name KRESSLER, COLLEEN  
Address 6001 MILLER BLUFF RD.  
City-State-Zip: MILTON FL 32583

Title VP  
Name WOLTERS, AIMEE  
Address 6001 MILLER BLUFF RD  
City-State-Zip: MILTON FL 32583

Title D  
Name BOYNER, JIM  
Address 6001 MILLER BLUFF ROAD  
City-State-Zip: MILTON FL 32583-6990

Title P  
Name ELRITE, GREG  
Address 11321 SILVERTON DR  
City-State-Zip: MILTON FL 32583

Title DIRECTOR  
Name BELISLE, DONALD  
Address 6001 MILLER BLUFF ROAD  
City-State-Zip: MILTON FL 32583-6990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COLLEEN KRESSLER

**TREASURER**

04/07/2024

Electronic Signature of Signing Officer/Director Detail

Date