

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751967

Entity Name: HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.**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: No****Name and Address of Current Registered Agent:**KRESSLER, RAYMOND
4174 BODEGA DR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FELIBERTY, DANIEL
Address	6001 MILLER BLUFF RD
City-State-Zip:	MILTON FL 32583

Title	VP
Name	BELISLE, DONALD
Address	11249 SILVERTON DR
City-State-Zip:	MILTON FL 32583

Title	S
Name	KRESSLER, COLLEEN
Address	5174 BODEGA
City-State-Zip:	MILTON FL 32583

Title	TR
Name	KRESSLER, COLLEEN
Address	5174 BODEGA
City-State-Zip:	MILTON FL 32583

Title	D
Name	MCIRVIN, ROGER
Address	6001 MILLER BLUFF RD
City-State-Zip:	MILTON FL 32583

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

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****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date