

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13000005875

**Entity Name:** HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION, INC

**Current Principal Place of Business:**

2709 E HANNA AVE.  
TAMPA, FL 33610

**Current Mailing Address:**

2709 E HANNA AVE.  
TAMPA, FL 33610

**FEI Number:** 46-3310942

**Certificate of Status Desired:** No

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

CARNELL, LOUIS TODD  
2709 E HANNA AVE.  
TAMPA, FL 33610 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:** LOUIS T. CARNELL

12/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARNELL, LOUIS  
Address        2709 E HANNA AVE.  
City-State-Zip: TAMPA FL 33610

Title            SECRETARY  
Name            MCILRATH, VIVIAN  
Address        2709 E HANNA AVE.  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            MARTINEZ, BRYANT  
Address        11252 WINTHROP MAINSTREET,  
City-State-Zip: RIVERVIEW 33578

Title            DIRECTOR  
Name            WOOD, MARY O  
Address        1225 MILLENNIUM PKWY.  
City-State-Zip: BRANDON FL 33511

Title            TREASURER  
Name            BRITTANY, BENNETT  
Address        523 E LUMSDEN RD  
City-State-Zip: BRANDON FL 33511

Title            DIRECTOR  
Name            JONES, DENNIS  
Address        2709 E HANNA AVE.  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR  
Name            JENSEN, CLYDE  
Address        2709 E HANNA AVE.  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR  
Name            HAMRICK, MARGARET  
Address        2709 E HANNA AVE.  
City-State-Zip: TAMPA FL 33610

*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:** LOUIS CARNELL

PRESIDENT

12/16/2015

Electronic Signature of Signing Officer/Director Detail

Date