

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005875

Entity Name: HILLSBOROUGH COUNTY FIRE RESCUE FOUNDATION, INC

FILED
Jan 09, 2017
Secretary of State
CC0276794283

Current Principal Place of Business:

9450 E. COLUMBUS DR.
TAMPA, FL 33619

Current Mailing Address:

9450 E. COLUMBUS DR.
TAMPA, FL 33619 US

FEI Number: 46-3310942

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARNELL, LOUIS TODD
9450 E. COLUMBUS DR.
TAMPA, FL 33619 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

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARNELL, LOUIS
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

Title SECRETARY
Name MCILRATH, VIVIAN
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

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 DIRECTOR
Name JONES, DENNIS
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name JENSEN, CLYDE
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name HAMRICK, MARGARET
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name CERONE, MATTHEW
Address 9450 E. COLUMBUS DR.
City-State-Zip: TAMPA FL 33619

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: VIVIAN MCILRATH

SECRETARY

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date