

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000701

Entity Name: HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**17081 NE SR 65
HOSFORD, FL 32334**Current Mailing Address:**P.O. BOX 317
HOSFORD, FL 32334 US**FEI Number: 59-3446302****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUMNER, RUDY G
HWY 65 S
TELOGIA, FL 32360 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	T
Name	SUMNER, PAM
Address	PO BOX 166
City-State-Zip:	TELOGIA FL 32360

Title	DIRECTOR
Name	FLETCHER, LEE
Address	RURAL ROUTE
City-State-Zip:	HOSFORD FL 32334

Title	D
Name	BROWN, LAYRUS
Address	RT 1 BOX 36
City-State-Zip:	HOSFORD FL 32334

Title	C
Name	FAIRCLOTH, FELIX
Address	22459 NE WOODMAN OF THE WORLD RD
City-State-Zip:	HOSFORD FL 32334

Title	P
Name	SUMNER, RUDY
Address	PO BOX 72
City-State-Zip:	TELOGIA FL 32360

Title	LIEUTENANT
Name	RAMER, DALLAS
Address	RURAL ROUTE
City-State-Zip:	HOSFORD FL 32334

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: RUDY G. SUMNER**PRESIDENT****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date