FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705905** **(8)**

1. Corporation Name

HOGAN-SPRING GLEN VOLUNTEER FIRE DEPARTMENT

Principal Place of Business	Mailing Address
1443 HUFFINGHAM LANE JACKSONVILLE FL 32216	1443 HUFFINGHAM LANE JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1963
3a. Date of Last Report: 07/29/1994
4. FEI Number: 59-6138143 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DYBEL, RICHARD
3205 HIDDEN LAKE DR EAST
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: John R Glasgow
82 Street Address (P.O. Box Number is Not Acceptable): 4320 Daley Drive
83:
84 City: Jacksonville FL 85 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] March 6 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	FELTMAN, JEFF	1.2 NAME	GIASGOW John
STREET ADDRESS	6833 PROVOST RD N.	1.3 STREET ADDRESS	4320 DALRY DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville Florida 32216
TITLE	D	2.1 TITLE	V.P ☒ Change ☐ Addition
NAME	ADLER, STEVEN C. JR.	2.2 NAME	STOKES, Rodney
STREET ADDRESS	2420 SAM RD	2.3 STREET ADDRESS	6728 Provost Road North
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville Florida 32216
TITLE	TD	3.1 TITLE	S ☒ Change ☐ Addition
NAME	DYBEL, RICHARD L.	3.2 NAME	Sharon Watts
STREET ADDRESS	3205 HIDDEN LK DR E	3.3 STREET ADDRESS	8090 Atlantic #B242
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville Florida 32216
TITLE	S	4.1 TITLE	D ☒ Change ☐ Addition
NAME	DEWITT, JOHN	4.2 NAME	Chris Spann
STREET ADDRESS	11768 WATTLE TREE RD., N.	4.3 STREET ADDRESS	7661 Hisdale Harbor
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville Florida 32216
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	STOKES, RODNEY	5.2 NAME	Pat Williamson
STREET ADDRESS	6728 PROVOST RD., N.	5.3 STREET ADDRESS	6051 Robbins Cir South
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville Florida 32216
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	PAYTON, JOHN W.	6.2 NAME	E Ingwersen
STREET ADDRESS	5545 PATSY ANNE DR.	6.3 STREET ADDRESS	7843 Bridgeview Place
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville Florida 32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] March 6 1995 721-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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