


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705905 (8)
1. Corporation Name
HOGAN-SPRING GLEN VOLUNTEER FIRE DEPARTMENT

Principal Place of Business 1443 HUFFINGHAM LANE JACKSONVILLE FL 32216	Mailing Address 1443 HUFFINGHAM LANE JACKSONVILLE FL 32216
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/16/1963
4. FEI Number 59-6138143
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PARRAMORE, MATHEW
3988 ARBOR LAKE CIR.
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent
81 Name **John Usry III**
82 Street Address (P.O. Box Number is Not Acceptable)
12170 Rochford Lane
83 **Jacksonville**
84 City **Jacksonville** **FL** 85 Zip Code **32225**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) **3-14-98** DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PARRAMORE, MATHEW	
STREET ADDRESS	3988 ARBOR LAKE CIR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, MICHAEL	
STREET ADDRESS	3801 KERNAN BLVD. S., APT. 1834D	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUTCHER, ALICE	
STREET ADDRESS	1802 DON QUIXOTE CIR.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, PAULA	
STREET ADDRESS	3000 CORNET LN., APT. 110	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASGOW, JOHN	
STREET ADDRESS	8208 ODEN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EWING, JAMES	
STREET ADDRESS	11880 HIDDEN HILLS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Usry III, John	
1.3 STREET ADDRESS	12170 Rochford Lane	
1.4 CITY-ST-ZIP	Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	Darren Sullivan	
2.3 STREET ADDRESS	3333 Monument Road #103	
2.4 CITY-ST-ZIP	Jacksonville, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S	
3.2 NAME	Mixer, Elizabeth	
3.3 STREET ADDRESS	8300 Old Kings Road S. #87A	
3.4 CITY-ST-ZIP	JAX, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	
4.2 NAME	Turner, Stacy	
4.3 STREET ADDRESS	90 Naugatuck Dr.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	Rivera, Anthony	
5.3 STREET ADDRESS	7061 Old Kings Road #103	
5.4 CITY-ST-ZIP	Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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]*

Feb 11, 1998 (904) 641-2522

CR2E037 (10/97)