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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705905

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/16/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6138143	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
USRY, III J 12170 ROCHFORD LANE JACKSONVILLE FL 32225				81 Name Martin J. Reinholz	
				82 Street Address (P.O. Box Number is Not Acceptable) 5201 Atlantic Blvd.	
				83	
				84 City Jacksonville	
				85 Zip Code 32207	

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

SIGNATURE: Martin J. Reinholz DATE: 4-14-99
Signature, typed or printed name of registered agent and type of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	USRY, III J	1.2 NAME	Martin J. Reinholz
STREET ADDRESS	12170 ROCHFORD LANE	1.3 STREET ADDRESS	5201 Atlantic Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	Jax. FL 32207
TITLE	VP	2.1 TITLE	CP
NAME	SULLIVAN, DARREN	2.2 NAME	Jeremiah C. Leonard
STREET ADDRESS	3333 MONUMENT RD #103	2.3 STREET ADDRESS	7049 mill crest Dr. S
CITY-ST-ZIP	JACKSONVILLE FL 32224	2.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	S	3.1 TITLE	S
NAME	MIXER, ELIZABETH	3.2 NAME	Terri E. Gresham
STREET ADDRESS	8300 OLD KINGS RD S #87	3.3 STREET ADDRESS	11575 Francis Drake Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D	4.1 TITLE	T
NAME	TURNER, STACY	4.2 NAME	William F. Steenson
STREET ADDRESS	90 NAUGATUCK DR	4.3 STREET ADDRESS	5469 Manw fields. Pl.
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	5.1 TITLE	
NAME	GLASGOW, JOHN	5.2 NAME	
STREET ADDRESS	8208 ODEN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RIVERA, ANTHONY	6.2 NAME	
STREET ADDRESS	7061 OLD KINGS RD #103	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Jeremiah C. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)