

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 708802 (4)

1. Corporation Name

HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

3673 E ORANGE AVENUE  
P.O. BOX 99  
HERNANDO FL 34442

Mailing Address

3673 E ORANGE AVENUE  
P.O. BOX 99  
HERNANDO FL 34442



3. Date Incorporated or Qualified  
04/13/1965

3a. Date of Last Report  
02/02/1995

4. FEI Number  
59-1000876

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3673 E Orange Ave

26 3673 E Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO Box 99

27 PO Box 99

City & State

City & State

23 Hernando FL

28 Hernando FL

Zip Country

Zip Country

24 34442

29 34442

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMER, RODNEY E  
1067 N. CHRISTY WAY  
INVERNESS FL 34453

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Rocky E. Bobor*  
Signature, typed or printed name of registered agent and title if applicable

Chief

(NOTE: Registered Agent signature required when reinstating)

04-08-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME EBERHARDT, JOSEPH M  
STREET ADDRESS 3947 E. ALLENDALE ST.  
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE SD  
NAME HOCKING, RICHARD A  
STREET ADDRESS 5656 E TANGELO LANE  
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE TD  
NAME BLOOMER, RODNEY E  
STREET ADDRESS 1067 N. CHRISTY WAY  
CITY-ST-ZIP INVERNESS FL ☒ DELETE

TITLE VD  
NAME SANDERS, BRIAN  
STREET ADDRESS 4237 E. AMHERST ST.  
CITY-ST-ZIP HERNANDO, FL 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Colleen M. Halbritter  
3.3 STREET ADDRESS 5087 East Stokes Perry Rd  
3.4 CITY-ST-ZIP Hernando, FL 34442

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

*Joseph M. Eberhardt*

Joseph M. Eberhardt 4-1-96 352-795-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)