

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 <b>3673 E ORANGE AVENUE P.O. BOX 99 HERNANDO FL 34442</b>	Mailing Address <b>3673 E ORANGE AVENUE P.O. BOX 99 HERNANDO FL 34442-0099</b>
--	---

3. Date Incorporated or Qualified <b>04/13/1965</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-1000876</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**BLOOMER, RODNEY E  
1067 N. CHRISTY WAY  
INVERNESS FL 34453**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>EBERHARDT, JOSEPH M</b>
STREET ADDRESS	<b>3947 E. ALLENDALE ST.</b>
CITY - ST - ZIP	<b>INVERNESS FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HOCKING, RICHARD A</b>
STREET ADDRESS	<b>5656 E TANGELO LANE</b>
CITY - ST - ZIP	<b>INVERNESS FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HALBRITTER, COLLEN M.</b>
STREET ADDRESS	<b>5087 EASR STOKES FERRY RD.</b>
CITY - ST - ZIP	<b>HERNANDO FL 34442</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SANDERS, BRIAN</b>
STREET ADDRESS	<b>4237 E. AMHERST ST.</b>
CITY - ST - ZIP	<b>HERNANDO, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

*TD. Mianull, Ben  
2496 E. New Haven St.  
Inverness FL 34453*

*VD  
Lowe, Timothy  
4150 E. Lake Park Dr.  
Hernando FL 34442*

14. I do 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: *Joseph M. Eberhardt* **2/3/97** **795-8881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085139

CR2E037 (9/96)