NONPERCET     CORPORTION     ANUUAL REPORT     1998     199     199     199     199     199     199     199     199     199     199     199     199     199     199     19		FILE NOW	: FILING F	EE IS \$61.	25	FILE		
ANNUAL REPORT 1998  Insector of See  Division OF CORPORATIONS  Division OF CORPORATIONS  Seccretary of State  Secc				FLORIDA DEP		🗍 Jun 11 1998	8 8:00	am
Internation Name     Internation     Internat     Internation     Internation     Interna		(5)				Secretary	of Sta	te
HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.  Principal Place of Business Maling Address BRD & CONVERT MALE PODO & State PODO		1 <b>99</b> 8 <sup>×</sup>	A COLUMN			Beeletary		
HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.  Principal Place of Business Maling Address BRD & CONVERT MALE PODO & State PODO	DOCU 1. Corporatio		3802	(4)				
SR7 E OMMOE AVENUE DD. BOX #     SR7 E OMMOE AVENUE PD. BOX #     S. Date Incorporated or Qualited DV. BOX #       20. BOX # #C. DD. BOX #     Thirdpiel Place of Eusiness     1	HERN	ando volunteer f						
A FEI Namber     A FEI Namber     Address     Addres     Addres     Addres     Addres     Addres	9673 E ORANG P.O. BOX 99	de avenue	367 P.O	73 E ORANGE AVENU ). BOX 99	E		<b></b>	
2. Protocial Page of Business       22. Multing Address       5. Centificate of Status Dealined       Status Address         Suite, Apr. # etc.       Status Dealized	hernando fl	. 34442	HEI	RNANDO FL 34442		4. FEI Number	Applie	ed For
Bullen Apit # Michael Control of Social Apit # etc.     Suite	2. Principal P	lace of Business	28.	Mailing Address			·	
21         27         Trust Fund Control/Trust Fund Fund Fund Fund Fund Fund Fund Fund	<u>۱</u>						Fee Requi	red
Clip & State       Clip & State       Clip & State       7. Is this nonprofit corporation a homeowners association?         2/p	<b>-</b> ' '	#, <b>B</b> IC.	27	Suite, Apt. #, etc.				
Zip         Country         Zip         Country         B. This corporation owes or has paid the current year integrates           B. Name and Address of Current Registered Agent         90         Percensal Property Tax due June S0.         Yes         Non           BLOOMER, RODNEY E         100 7 N. Christry WAY         100 Name and Address of New Registered Agent         61         Name         Name and Address of New Registered Agent           BLOOMER, RODNEY E         100 7 N. Christry WAY         82         Street Address (P.O. Box Number is Not Acceptable)         93           The provisions of Sections 617 (506, Forida Statutes, the above named corporation submits this statement for the provisions of Section 100 (300, Forida Statutes).         94         City         FL         85         Zip Code           The provisions of Sections 617 (506, Forida Statutes, the above named corporation submits this statement for the provisions of Section 100 (300, Forida Statutes).         100 (110 NS/CHANGES TO OFFICERS AND DIRECTORS IN 12           SIGNATURE         Egent and many foreity in and address and provision in a state of Forida Statutes.         (DITE Registered Agent and reference)         DAT           SIGNATURE         Egent Address (Agent address and Provision in a state of Forida State address and provision in submits the appointment as registered agent and reference agent address and provision in a state of Forida State address and provision in address to of FICERS AND DIRECTORS IN 12           SIGNATURE         Egent Address	City & Stat	e		City & State		7. Is this nonprofit corporation a homeowne	ers association?	
	Zip	<u> </u>		Zip		6. This corporation owes or has paid the cu	urrent year Intand	
BLOOMER, RODNEY E 1047 N. CHRISTY WAY INVERNESS FL 34453       B2       Street Address (P.O. Box Number is Not Acceptable)         B2       Street Address (P.O. Box Number is Not Acceptable)       B3         B4       City       FL       B5       Zip Code         B5       Cofe FiceRS AnD DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         B5       Tinte       DELETE       11 Inite       24 Additions       Cofe FiceRS AND DIRECTORS IN 12         B5       Cofe FiceRS AND DIRECTORS       12       24 Additions       Cofe FiceRS AND DIRECTORS IN 12         B5       Cofe FiceRS AND DIRECTORS       12 Addition Street Address       Cofe FiceRS AND DIRECTORS IN 12       Cofe Fi	•			lered Agent				
1097 N. CHRISTY WAY INVERNESS FL 34453       43         44       City       FL       63       20 Code         44       City       FL       63       20 Code         45       City       FL       63       20 Code         46       City       FL       63       20 Code         47       Pursuant to The provisions of Sectors 617.0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the cacept the bigglations of, Sactorida Statutes, and the cacept the bigglations of, Sactorida Statu					161 Name			
Interfactor is SHOW       Image: the second se	BLOOM	ER, RODNEY E			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
11. Pursulant to the provisions of Sections 617.0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the propose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, and accept the obligations of, Soction 617.0503, Portida Statutes.         Signate, typed of pixed agent, or both, in the State of Florida. State of	1067 N.	CHRISTY WAY				ddress (P.O. Box Number is Not Acceptable)		
agent. Lam Tamilian with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE Signation, typed or prived name of regulated spin and the if applicable. (NOTE Regulated Agent agent agent and the if applicable. (NOTE Regulated Agent agent agent and the if applicable. (NOTE Regulated Agent ag	1067 N.	CHRISTY WAY			83	ddress (P.O. Box Number is Not Acceptable)		
TITLE       PD       DELETE       11 TITLE       Change       Additive         NAME       EBERHARDT, JOSEPH M       12 KAME       12 KAME       State 1 Additive       Deleter       12 KAME         STRET ADDRESS       S947 E. ALLENDALE ST.       13 STRET ADDRESS       13 STRET ADDRESS       Deleter       12 KAME         TITLE       SD       IVERNESS FL       14 CITV-S1-ZP       SD       IVERNESS       Deleter       2 STRET ADDRESS         STRET ADDRESS       SSTRET ADDRESS       SG56 E TANGELO LANE       22 KAME       D cv? Y       TS I bo med       Additive         STRET ADDRESS       FL       DELETE       2 CTTV S1-ZP       TD vocrite SS C/G, 3 YYS S       TM vocrite SS C/G, 3 YYS S         TITLE       TD       DELETE       2 STRET ADDRESS       TD vocrite SS C/G, 3 YYS S       TD vocrite SS C/G, 3 YYS S         TITLE       TD       DELETE       2 HOY S1-ZP       TD vocrite SS C/G, 3 YYS S       TD vocrite SS C/G, 3 YYS S         MAWE       MONULLI, BEN       3 STRET ADDRESS       2 ADRE S       TD vocrite SS C/G, 3 YYS S       TD vocrite SS C/G, 3 YYS S         MAWE       VD       DELETE       2 HAWE       3 STRET ADDRESS FL       TD vocrite SS C/G, 5 TL vocrite SS C/G, 7 L vocrite SS C/G, 7 L vocrite SS C/G, 7 L vocrit SS C/G, 7 L vocrite SS C/G, 7 L vocrite SS C/G, 7 L v	1067 N. Inverni	Christy Way ESS FL 34453	617.0502 and 61	17, 1508, Florida Stat	83 84 City	FI	┕	
NAME       EBERHARDT, JOSEPH M       12 NAME         STREET ADDRESS       3947 E. ALLENDALE ST.       13 STREET ADDRESS         ITTLE       SD       L2 DELETE         STREET ADDRESS       14 CITV-51-2P         INVERNIESS FL       14 CITV-51-2P         MAKE       SD       L2 DELETE         STREET ADDRESS       5656 E TANGELO LANE       2 CV) Y         ITTLE       STREET ADDRESS       1 C (-7 N. C (-7	1067 N. INVERN 11. Pursuant office or r agent. Le	CHRISTY WAY ESS FL 34453 to the provisions of Sections egistered agent, or both, in t im familiar with, and accept t	the obligations of,	, Section 617.0503, I	83 84 City utes, the above-named c s authorized by the corpor- forida Statutes.	orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap	┕	
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SD       LP DELETE       21 TITLE       SLD       LP Change       Addition         NAME       MOCKING, RICHARD A       STREET ADDRESS       S656 E TANGELO LANE       D Colvert	1067 N. INVERN 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE	CHRISTY WAY ESS FL 34453 to the provisions of Sections egistered agent, or both, in t im familiar with, and accept t Signature, typed or printed name of re- OFFIC	the obligations of	, Section 617.0503, F if applicable. (NC TORS	83       84       City       Jtes, the above-named c       authorized by the corport       Forida Statutes.       JTE: Registered Agent signature re       13.       1.1 TITLE	Orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap required when reinstating) OATE	of changing its rep pointment as reg	gistere Istered
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