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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE ✓ <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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</b>
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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 <b>04/13/1965</b>	4. FEI Number <b>59-1000876</b>	Applied For <input type="checkbox"/> 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>	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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>BLOOMER, RODNEY E 1087 N. CHRISTY WAY INVERNESS FL 34453</b>	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EBERHARDT, JOSEPH M 3947 E. ALLENDALE ST. INVERNESS FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD HOCKING, RICHARD A 5856 E TANGELO LANE INVERNESS FL	2.1 TITLE	SD
NAME		2.2 NAME	Jody Bloomer
STREET ADDRESS		2.3 STREET ADDRESS	1067 N. Christy Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Inverness FL 34453
TITLE	TD MIGNULLI, BEN 2496 NEW HAVEN ST. INVERNESS FL	3.1 TITLE	TD
NAME		3.2 NAME	MIGNULLI, BEN
STREET ADDRESS		3.3 STREET ADDRESS	2496 E. NEW HAVEN ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	INVERNESS, FL.
TITLE	VD LOWE, TIMOTHY 4150 E. LAKE PARK DRIVE HERNANDO FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ 6-1-98

CFR037 (10/97)