


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90018 031 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708802					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 04/13/1965	
4. FEI Number 59-1000876		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

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			
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 [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EBERHARDT, JOSEPH M			1.2 NAME			
STREET ADDRESS	3947 E. ALLENDALE ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOOMER, JODY			2.2 NAME			
STREET ADDRESS	1067 N CHRISTY WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34453			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIANULLI, BEN			3.2 NAME			
STREET ADDRESS	2496 E NEW HAVEN ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWE, TIMOTHY			4.2 NAME			
STREET ADDRESS	4150 E. LAKE PARK DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HERNANDO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, with all other like empowered.

SIGNATURE: [Signature] **Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Joseph M. Eberhardt 1-4-99 795-8881
Date Daytime Phone #

CR2E037 (11/98)