

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90351 031 \*\*\*\*61.25

**DOCUMENT # 708802**

1. Entity Name

HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

3673 E. ORANGE DR.  
HERNANDO FL 34442

Mailing Address

3673 E. ORANGE DR.  
HERNANDO FL 34442

44039870



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1000876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CHAD  
2496 EAST HAYES STREET  
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME BERG, KATHY H  
STREET ADDRESS 3727 E KIRK STREET  
CITY-ST-ZIP INVERNESS FL 34453

TITLE VP ☐ Delete  
NAME SANDERS, BRIAN  
STREET ADDRESS 4237 E. AMHERST ST.  
CITY-ST-ZIP HERNANDO FL 34442

TITLE P ☐ Delete  
NAME LOWE, TIMOTHY  
STREET ADDRESS 4150 E. LAKE PARK DRIVE  
CITY-ST-ZIP HERNANDO FL

TITLE QD ☐ Delete  
NAME SPONHOLZ, TERRY E  
STREET ADDRESS 6745 N. CASTLEBURY RD.  
CITY-ST-ZIP HERNANDO FL 34442

TITLE TD ☐ Delete  
NAME SANDERS, SHERRYL  
STREET ADDRESS 4237 E. AMHERST ST.  
CITY-ST-ZIP HERNANDO FL 34442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1335 E. Silver Thorn Loop  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4237 E. Amherst St.  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #