


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 032 ****61.25

DOCUMENT # 708802	
1. Entity Name HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.	

DO NOT WRITE IN THIS SPACE

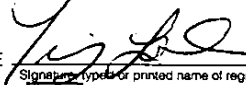
50057319

2. Principal Place of Business 3673 E. ORANGE DR Suite, Apt. #, etc.		3. Mailing Address 3673 E. ORANGE DR Suite, Apt. #, etc.	
City & State HERNANDO, FL	City & State HERNANDO FL	4. FEI Number 591000876	Applied For Not Applicable
Zip 34442	Country CITRUS	Zip 34442	Country CITRUS

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name TIMOTHY CHAD COLEMAN	
	Street Address (P.O. Box Number is Not Acceptable) 2496 EAST HAYES STREET	
	City INVERNESS	Zip Code FL 34453

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  TIMOTHY LOWE / CARTIA 7/18/05
(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TIMOTHY LOWE 1335 E. SILVERTHORN LOOP HERNANDO FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT SPIVEY 4306 THUNDERHILL LOOP HERNANDO FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER KATHY H. BERG 3727 E KIRK ST INVERNESS FL 34453	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  7/19/05 352-302-0322

CR2E037B (12/02)