


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 047 ****70.00

DOCUMENT # 710284

1. Entity Name
 HOMOSASSA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
 8404 W. HOMOSASSA TRAIL
 HOMOSASSA, FL 34447 US

Mailing Address
 P.O. BOX 516
 HOMOSASSA, FL 34447 US

2. Principal Place of Business
 SAME
 Suite, Apt. #, etc.

3. Mailing Address
 SAME
 Suite, Apt. #, etc.

City & State
 Zip Country



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2350118

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEIER, WALTER C
 8 COLUBRINA CT
 HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent
 Name
 Michael Todd Brennan
 Street Address (P.O. Box Number is Not Acceptable)
 2333 S. TENNYSON Pt.
 City
 HOMOSASSA FL Zip Code
 34448

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 *Michael T Brennan* DATE 1-28-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEIER, WALTER C 8 COLUBRINA CT HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brennan Michael T. 2333 S. TENNYSON Pt HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODGERS, KENNETH W 11490 W CLUBVIEW DR HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams WAYNE 41 SAPP St. Tuslis FL 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENINAN, MICHAEL T 2333 S TENNYSON PT HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO Meier Pat 8 Colubrina Ct. HOMOSASSA FL 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HURST, JOHN 2301 S SANDBURG PT HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEAR CHARLES 8230 W. BAVARIAN St. HOMOSASSA FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGMAN, LEE 4199 S ALABAMA AVE HOMOSASSA, FL 34445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Scott Kevin 6473 W. PELICAN LN. HOMOSASSA FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNEY, JOSEPH 4535 S LEISURE BLVD LECANTO, FL 34461 <input type="checkbox"/> Delete Keep	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: *Michael T Brennan* Michael T. Brennan 1-28-2006 352-629-7225
Signature and typed or printed name of signing officer or director Date Daytime Phone #