


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 710284</b>	
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
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2. Principal Place of Business <u>SAME</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2350118	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 <u>Michael Todd Brennan</u> Street Address (P.O. Box Number is Not Acceptable) <u>2333 S. TENNYSON PT.</u> City <u>HOMOSASSA</u> FL Zip Code <u>34448</u>
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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. <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		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. Tuslois FL 34449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENNAN, 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 <input checked="" type="checkbox"/> 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 DATE 1-28-2006 DAYTIME PHONE # 352-628-7225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR