

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710284

FILED
Mar 24, 2009
Secretary of State

Entity Name: HOMOSASSA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

8404 W. HOMOSASSA TRAIL
HOMOSASSA, FL 34447 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 516
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2350118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, MICHAEL T
5990 SOUTH ASHLAWN WAY
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRENNAN, MICHAEL T
Address: 5990 SOUTH ASHLAWN WAY
City-St-Zip: HOMOSASSA, FL 34448 US

Title: VD () Delete
Name: BINKERD, CHRIS
Address: 2931 S. PINERIDGE AVENUE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: T () Delete
Name: MEIER, WALTER
Address: 8 COLUBRINA CT.
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: CARNEY, JOSEPH
Address: 4535 S. LEISURE BLVD
City-St-Zip: LECANTO, FL 34461

Title: STD () Delete
Name: MEIER, PAT
Address: 8 COLUBRINA CT
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: RODGERS, KENNETH
Address: 11490 W. CLUBVIEW DRIVE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WILLIS, DEBORAH
Address: 6625 S. LIMA AVENUE
City-St-Zip: HOMOSASSA, FL 34446 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. BRENNAN

Electronic Signature of Signing Officer or Director

PRES

03/24/2009

_____ Date