

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710284

**FILED**  
**Feb 21, 2010**  
**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:**

5990 SOUTH ASHLAWN WAY  
HOMOSASSA, FL 34448 US

**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  
**Name:** BRENNAN, MICHAEL T  
**Address:** 5990 SOUTH ASHLAWN WAY  
**City-St-Zip:** HOMOSASSA, FL 34448 US

**Title:** VD  
**Name:** WILLIS, DEBORAH  
**Address:** 6625 S. LIMA AVENUE  
**City-St-Zip:** HOMOSASSA, FL 34446 US

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL T. BRENNAN

**PRES**

**02/21/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date