2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 715697 1. Entity Name 02-25-2004 90067 014 ****70.00 SPRING HILL FIRE & RESCUE DISTRICT VOLUNTEER ASSOCIATION, INC. Principal Place of Business Mailing Address 3445 BOB HARTUNG CT 3445 BOB HARTUNG CT SPRINGHILL FL 34606 SPRINGHILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 23-7010720 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRISON, JOHN J Street Address (P.O. Box Number is Not Acceptable) 3445 BOB HARTUNG COURT SPRING HILL FL 34606 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, RON NAME NAME 14151 REDWOOD ST. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE LOWERY, JAMES NAME NAME 2043 WATERFALL DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete EDWARDS, BEN NAME NAME 191 CONBY CIR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOPKINS, MARK NAME NAME 10521 BLYTHVILLE RD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition-TITLE X Delete TITLE KALB, W NAME NAME 1257 FINLAND DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE HERMAN, BILL NAME NAME 10089 GIFFORD DR. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP City-St-ZiP

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 Block 11 if

John J. Morrison 2/12/04

changed, or on an attachment with an address

SIGNATURE:

FILED

Feb 25, 2004 8:00 am

(352)

Oavtime Phone #

688-5030