## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #715697** 1. Entity Name

SPRING HILL FIRE & RESCUE DISTRICT VOLUNTEER ASSOCIATION, INC.



Principal Place of Business 3445 BOB HARTUNG CT SPRINGHILL FL 34606

Mailing Address

3445 BOB HARTUNG CT SPRINGHILL, FL 34606



**FILED** Jan 31, 2005 8:00 am Secretary of State

01-31-2005 90137 014 \*\*\*\*70.00

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2. Principal P	lace of Business	3. Mailing Address	alling Address				
Suite, Apt. #, etc.		.Suite, Apt. #, etc.	.Suite, Apt. #, etc.		-NP CR2E037	(10/03)	
City & State		City & State	City & State			$\vdash$	plied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addres	s of New Registered Ag	ent	
MODDIOO	N. 1011N. 1		Name			-	
MORRISON, JOHN J 3445 BOB HARTUNG COURT SPRING HILL, FL 34606			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			e
SIGNATURE .	Signature, typed or printed name of registered age		E: Registered Agent signature req	uired when reinstating)	DATE Make check i	pavable to	
	Due by May 1, 2005	Trust Fund (					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RON 14151 REDWOOD ST. SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		I	□ Çhange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOWERY, JAMES 2043 WATERFALL DR SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, BEN 191 CONBY CIR SPRING HILL, FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, MARK 10521 BLYTHVILLE RD SPRING HILL, FL 34608	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		]	Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAMÉ

TITLE

NAME

SIGNATURE:

HERMAN, BILL

10089 GIFFORD DR.

SPRING HILL, FL 34606

THIE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

John J. Morrison
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

\_01/20/05

☐ Change

☐ Change

☐ Addition

Addition