

**2007 NOT-FOR-PROFIT  
ANNUAL**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7010720**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, JOHN J  
3445 BOB HARTUNG COURT  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWERY, JAMES
STREET ADDRESS	2043 WATERFALL DR
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VD
NAME	JOSEPH, ANTHONY
STREET ADDRESS	13253 DELBARTON ST
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	SD
NAME	BAKER, ERIC
STREET ADDRESS	7393 LANDMARK DR
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	TD
NAME	HOPKINS, MARK
STREET ADDRESS	10521 BLYTHVILLE RD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D
NAME	HERMAN, BILL
STREET ADDRESS	10089 GIFFORD DR.
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000624266  
02/14/07-80025-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #