

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 715896

1. Entity Name
**GREEN HILLS-FOUNTAIN VOLUNTEER FIRE
DEPARTMENT, INCORPORATED**



Principal Place of Business

**17822 CTR DR
FOUNTAIN, FL 32468 US**

Mailing Address

**P.O. BOX 37
FOUNTAIN, FL 32438**



07022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2374896

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DONNA
12017 FOUNTAIN PARK AVE
FOUNTAIN, FL 32438**

**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 *Donna Johnson, Treasurer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7-3-05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOHNSON, DONNA
12017 FOUNTAIN PARK AVENUE
FOUNTAIN, FL 32438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HEDGES, GENE
P.O. BOX 2-10830 OWENWOOD RD.
FOUNTAIN, FL 32438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NICHOLSON, MELVA
LINWOOD RD.
FOUNTAIN, FL 32438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOHNSON, SAMANTHA
12017 FOUNTAIN PARK AVE
FOUNTAIN, FL 32438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Donna Johnson, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-05 850-722-9659

Date

Daytime Phone #