

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719023

FILED
May 07, 2004
Secretary of State

Entity Name: HILAND PARK VOLUNTEER FIRE DEPARTMENT INCORPORATED

Current Principal Place of Business:

2801 E. LAFAYETTE RD
PANAMA CITY FLA, 32405 US

New Principal Place of Business:

2801 E. LAFAYETTE RD
PANAMA CITY FLA, FL 32405 US

Current Mailing Address:

2801 LAFAYETTE RD
PANAMA CITY, FL 32405 US

New Mailing Address:

2825 ORLANDO ROAD
PANAMA CITY, FL 32405 US

FEI Number: 59-3030698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, TOMMIE
2837 N. PANAMA AVENUE
PANAMA CITY, FL 32405 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: VP () Delete
Name: TAYLOR, CHRISTOPHER
Address: 2825 E. ORLANDO RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: THOMPSON, KYLE
Address: 2825 COCOA AVENUE
City-St-Zip: PANAMA CITY, FL

Title: P () Delete
Name: POLLARD, TOMMIE
Address: 2837 NORTH PANAMA AVENUE
City-St-Zip: PANAMA CITY, FL

Title: D () Delete
Name: WILLIS, JAMMIE
Address: 2816 ALTHA AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: SWEARIIOGEN, JERRY
Address: 2817 HYDE AVE.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SWEARINOGEN, JERRY
Address: 2817 HYDE AVE.
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER TAYLOR

VP

05/07/2004

Electronic Signature of Signing Officer or Director

Date