2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # 719023** 1. Entity Name HILAND PARK VOLUNTEER FIRE DEPARTMENT **INCORPORATED** Principal Place of Business Mailing Address 2801 E. LAFAYETTE RD PANAMA CITY FL 32405 2801 E. LAFAYETTE RD PANAMA CITY FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) 4. FEI Number Applied For City & State City & State 59-3030698 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADLEY, SAMUEL A JR. Street Address (P.O. Box Number is Not Acceptable) 205 S. EAST AVENUE PANAMA CITY FL 32401 Z p 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 CATE Signature, typed or crinted name of registered agent and title if applicable. (NOTE: Begistered Agent signablire inclured when rountating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees i stanii ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition TITLE MORRISON, WILLIAM NAME 1/00/00/93/2057 2630 E. 16TH STREET STREET ADDRESS STREET ADDRESS 05/22/08-80035-018 61.2**5** PANAMA CITY FL 32405 CITY-ST-ZiP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition BRADELY, SAMUEL A JR. 205 S. EAST AVENUE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY- ST- ZIP Addition TITLE Delete TITLE Change RUSS, KEVIN NAME NAME STREET ADDRESS 5510 SHORES ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete GRAYDON, JON NAME NAME STREET ADDRESS 4409 BROOKFOREST DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZiP ☐ Delete THEE Change Addition OTLE NAME NANE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY: ST-782

NAME STREET ACCRESS

NAME

STREET AUDRESS CITY-ST-ZIP

Samuel A. Bradle, IV Apr. 128,2008