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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

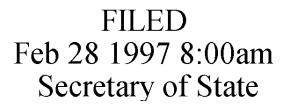
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 721855

(5)

HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, I NC.





Principal Place of Business 3621 N.E. 160TH AVE. ROAD T. MCCOY FL 32134		Mailing Address			t 1884ri santa tinasi kisak talibi atini				
		PO BOX 248 FT. MCCOY FL 32134-0248							
US		US			3. Date Incorporated or Qualified 10/13/1971	3a. Date o	of Last R	eport 6	
2. Principal F	Place of Business	2a. Mailing Address	***************************************	• • • • • • • • • • • • • • • • • • • •	4. FEI Number		Ar	oplied For	
21		26			NOT APPLICABLE			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75	Additional	
22		27			G. Certificate of Status Dealled		Fee Re	beniupe	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23	28				Trust Fund Contribution		Added t		
Zφ ⊢	Country	1 ' 		ntry		as liability for intangible tax under s. 199.032,			
24	25	29	30			Yes DN			
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Age	nt		
			ļ	IName				ľ	
O'BERRY, JERRY P				82 Street A	Street Address (P.O. Box Number is Not Acceptable)				
	V 146 TERR		1						
FT MCCO	Y FL 32134			B3					
			ŀ	84 City		 8	5 Zin (Code	
				1 '		₽LI			
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida State	tutes, the ab	ove-named	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of cha	anging it	s registered	
agent La	am familiar with, and accept the obli	gations of Section 617.0503,	Florida Stati	ites.	oration's board of directors. Thereby accep	ot trie appoint	men as	redistered	
SIGNATURE	War P. O	Wyn_		JERRY	_		/16/	19フー	
			OTE: Registered	Agent signature	required when rainstating)	DATE			
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	Ø .	☐ DELETE	1.1 TOT	LE			Change	Addition	
NAME.	OCHU, WILLIAM		1.2 NA	ME				1	
STREET ADDRESS	19952 NE 142ND AVE		1.3 ST	REET ADDRESS				İ	
CITY - ST - ZIP	FT MCCOY, FL 00000		1.4 Cf	Y-ST-ZIP					
TITLE	SD	☐ DELETE	2.1 TH	LE			Change	☐ Addition	
NAME	O'BERRY, JOAN K		2.2 NA	ME					
STREET ADDRESS	20780 NE 146 TERR		2.3 ST	REET ADDRESS					
CITY-ST-ZIP	FT MCCOY, FL 00000		2. 4 CI	TY-ST-ZIP					
TITLE	TD	X DELETE	3.1 TIT	LE	TD	X	Change	☐ Addition	
NAME	CAUDELL, PATRICIA A.		3.2 NA	ME	LAFFERTY, KAREN			1	
STREET ADDRESS	25045 NE 132 LANE		3.3 ST	REET ADDRESS	15664 NE 239 LANE				
CITY-ST-ZIP	SALT SPRINGS FL		3.4. CI	TY-ST-ZiP	FT. MCCOY, FL.0000)			
TITLE	PDC	DELETE	4.1 101	LE			Change	☐ Addition	
NAME	O'BERRY, JERRY P		4. 2 N/	ME					
STREET ADDRESS	20780 NE 146 TERR		4.3 ST	REET ADDRESS				į	
CITY-ST-ZIP	FT MCCOY, FL 00000		4.4 CIT	Y-ST-ZIP					
TITLE	VD	₩ DELETE	5.1 T (1	LE	VD	X	Change	Addition	
NAME	BYRD, THOMAS EUGENE		5.2 NA	ME	FOY, SHARON				
STREET ADDRESS	17891 NE 243 PLACE ROAD		5.3 ST	REET ADDRESS	14695 NE 206 PLACE				
CITY-ST-ZIP	FT MCCOY, FL 00000			Y-ST-ZIP	FT. MCCOY. FL. 000	00			
TITLE	D	☐ DELETE	6.1 TIT				Change	Addition	
NAME	LORAH, EDWARD R		6.2 NA	ME					
STREET ADDRESS	14932 NE 215TH LAN			REET ADDRESS					
CITY-ST-ZIP	FT MCCOY, FL 00000			Y-ST-ZIP					
44 11 1			V.(0)1						

I do 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 annual report or supplemental annual peport 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 12 or Block 13 if changed, or or in attachment with an address.

PRESIDEN' 620-3312