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Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721855

(5)

1. Corporation Name

HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, I  
NC.

Principal Place of Business

Mailing Address

23621 N.E. 160TH AVE. ROAD  
FT. MCCOY FL 32134  
USPO BOX 248  
FT. MCCOY FL 32134-0248  
US3. Date Incorporated or Qualified  
10/13/19713a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BERRY, JERRY P  
20780 NW 146 TERR  
FT MCCOY FL 32134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JERRY P. O'BERRY, PRESIDENT 2/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME OCHU, WILLIAM  
STREET ADDRESS 19952 NE 142ND AVE  
CITY-ST-ZIP FT MCCOY, FL 000001.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME SD  
STREET ADDRESS O'BERRY, JOAN K  
CITY-ST-ZIP 20780 NE 146 TERR  
FT MCCOY, FL 000002.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE ☒ DELETE  
NAME TD  
STREET ADDRESS CAUDELL, PATRICIA A.  
CITY-ST-ZIP 25045 NE 132 LANE  
SALT SPRINGS FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS LAFFERTY, KAREN  
3.4 CITY-ST-ZIP 15664 NE 239 LANE  
FT. MCCOY, FL.00000TITLE ☐ DELETE  
NAME PDC  
STREET ADDRESS O'BERRY, JERRY P  
CITY-ST-ZIP 20780 NE 146 TERR  
FT MCCOY, FL 000004.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☒ DELETE  
NAME VD  
STREET ADDRESS BYRD, THOMAS EUGENE  
CITY-ST-ZIP 17891 NE 243 PLACE ROAD  
FT MCCOY, FL 000005.1 TITLE ☒ Change ☐ Addition  
5.2 NAME VD  
5.3 STREET ADDRESS FOY, SHARON  
5.4 CITY-ST-ZIP 14695 NE 206 PLACE  
FT. MCCOY, FL. 00000TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LORAH, EDWARD R  
CITY-ST-ZIP 14932 NE 215TH LAN  
FT MCCOY, FL 000006.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR PRESIDENT

JERRY P. O'BERRY, PRESIDENT

2/16/97 (352)

620-3312

CR2E037 (9/96)