


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 23621 N.E. 160TH AVE. ROAD FT. MCCOY FL 32134 US	Mailing Address PO BOX 248 FT. MCCOY FL 32134 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/13/1971

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 *Jeremiah P. O'Berry* DATE **2/15/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OCHU, WILLIAM	
STREET ADDRESS	19952 NE 142ND AVE	
CITY-ST-ZIP	FT MCCOY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'BERRY, JOAN K	
STREET ADDRESS	20780 NE 146 TERR	
CITY-ST-ZIP	FT MCCOY, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAFFERTY, KAREN	
STREET ADDRESS	15664 NE 239 LANE	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	O'BERRY, JERRY P	
STREET ADDRESS	20780 NE 146 TERR	
CITY-ST-ZIP	FT MCCOY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOY, SHARON	
STREET ADDRESS	14895 NE 206 PLACE	
CITY-ST-ZIP	FT MCCOY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORAH, EDWARD R	
STREET ADDRESS	14932 NE 215TH LAN	
CITY-ST-ZIP	FT MCCOY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Joan K. O'Berry* (JOAN K O'BERRY) 2-15-98 (352) 546-1052

CR2E037 (1097)