


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90004 008 \*\*\*\*61.25

<b>DOCUMENT # 721855</b>		
1. Entity Name HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.		

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
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**94020043**



2. Principal Place of Business		3. Mailing Address <b>23621 NE 160TH AVE. ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>FORT MCCOY, FL.</b>	
Zip	Country	Zip	Country
		<b>32134</b>	<b>US</b>

02132004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
O'BERRY, JERRY P 20780 NE 146 TERRACE FORT MC COY, FL 32134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip 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 <i>Jerry P. O'Berry</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>2/17/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	CLARK, RAYMOND L
STREET ADDRESS	15434 NE 232 LANE
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	STD <input type="checkbox"/> Delete
NAME	O'BERRY, JOAN K
STREET ADDRESS	20780 NE 146 TERR
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	HURLEY, JUANITA
STREET ADDRESS	17565 NE 246 ST
CITY-ST-ZIP	FT MCCOY, FL
TITLE	PD <input type="checkbox"/> Delete
NAME	O'BERRY, JERRY P
STREET ADDRESS	20780 NE 146 TERR
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	OCHU, WILLIAM
STREET ADDRESS	19952 NE 142 AVE
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	LORAH, EDWARD R
STREET ADDRESS	14932 NE 215TH LAN
CITY-ST-ZIP	FT MCCOY, FL 00000,

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RAYMOND L
STREET ADDRESS	15434 NE 232 LANE
CITY-ST-ZIP	FORT MCCOY, FL 32134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHU, WILLIAM
STREET ADDRESS	19952 NE 142 AVE
CITY-ST-ZIP	FORT MCCOY, FL 32134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: <i>Jerry P. O'Berry</i>	DATE: <b>2/17/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	