



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 039 ****61.25

DOCUMENT # 721855 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 23621 N.E. 160TH AVE. ROAD FT. MCCOY, FL 32134 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 BRUCE A. GONSETH Street Address (P.O. Box Number is Not Acceptable) 23222 NE 159TH AVE City FORT MCCOY FL Zip Code 32134		
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>Sharon L. Foy</i> <i>Bruce A. Gonseth</i> Bruce A. Gonseth 04/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, RAYMOND L 15434 NE 232 LANE FORT MC COY, FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUCE A. GONSETH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'BERRY, JOAN K 20780 NE 146 TERR FORT MC COY, FL 32134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE A. GONSETH 23222 NE 159TH AVE FORT MC COY, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, JUANITA 17565 NE 246 ST FT MCCOY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHARON L. FOY 14695 NE 206TH PLACE FORT MCCOY, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BERRY, JERRY P 20780 NE 146 TERR FORT MC COY, FL 32134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE CHAPMAN 24724 NE 175TH COURT FORT MCCOY, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OCHU, WILLIAM 19952 NE 142 AVE FORT MC COY, FL 32134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKIE HARVEY 1545 NE 232ND LANE FORT MCCOY, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORAH, EDWARD R 14932 NE 215TH LAN FT MCCOY, FL 00000,	<input type="checkbox"/> Delete			
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>Sharon L. Foy</i> <i>Secretary & Treasurer</i> 04/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					
SHARON L. FOY					