

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 035 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONSETH, BRUCE A.  
23222 NE 159TH AVE.  
FORT MC COY, FL 32134**

Name

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

City

**FL**

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

*Bruce A. Gonseth*

**BRUCE A. GONSETH PRES.**

**5-31-07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **CLARK, RAYMOND L**  
STREET ADDRESS **15434 NE 232 LANE**  
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE **PD** ☐ Delete  
NAME **GONSETH, BRUCE A.**  
STREET ADDRESS **23222 NE 159TH AVE.**  
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE **D** ☐ Delete  
NAME **HURLEY, JUANITA**  
STREET ADDRESS **17565 NE 246 ST**  
CITY-ST-ZIP **FT MCCOY, FL**

TITLE **STD** ☐ Delete  
NAME **FOY, SHARON L**  
STREET ADDRESS **14695 NE 206TH PLACE**  
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE **VD** ☐ Delete  
NAME **OCHU, WILIAM**  
STREET ADDRESS **19952 NE 142 AVE**  
CITY-ST-ZIP **FORT MC COY, FL 32134**

TITLE **D** ☐ Delete  
NAME **LORAH, EDWARD R**  
STREET ADDRESS **14932 NE 215TH LAN**  
CITY-ST-ZIP **FT MCCOY, FL 00000,**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Bruce A. Gonseth*

**BRUCE A. GONSETH**

**5-31-07**

**352-546-5657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #