


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90015 031 \*\*\*\*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 23621 N.E. 160TH AVE. ROAD FT. MCCOY, FL 32134 US
---	---

40063700



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 <u>Bruce A. Gonseth</u> Signature, typed or printed name of registered agent and title if applicable.	<u>BRUCE A. GONSETH</u> (NOTE: Registered Agent signature required when reinstating)	<u>4-3-08</u> DATE
--	---	-----------------------

Filing Fee is \$61.25 Due by May 1, 2008	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	D ROYANE GONSETH 23222 NE 159TH AVE. FORT MCCOY, FL 32134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONSETH, BRUCE A. 23222 NE 159TH AVE. FORT MC COY, FL 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY CARTER 14390 NE 188TH PLACE FORT MCCOY, 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	PD GAIL CARTER 14390 NE 188TH PLACE FORT MCCOY, FL 32134 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOY, SHARON L 14695 NE 206TH PLACE FORT MC COY, FL 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORAH, EDWARD R 14932 NE 215TH LAN FT MCCOY, FL 00000, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Bruce A. Gonseth</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>BRUCE A. GONSETH</u> Date	<u>4-3-08</u> Daytime Phone #
--	---------------------------------	----------------------------------

40063700

# 721855

[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** 721855

**Business Entity Name** HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.

**Original File Date** 10/13/1971

**FEI Number** Not Applicable

**Principal Address** 23621 N.E. 160TH AVE. ROAD  
FT. MCCOY, FL 32134 US

**Mailing Address** 23621 N.E. 160TH AVE. ROAD  
FT. MCCOY, FL 32134 US

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

### Officer/Director Name And Address

D  
RAYMOND L CLARK  
15434 NE 232 LANE  
FORT MC COY, FL 32134

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

D  
JUANITA HURLEY  
17565 NE 246 ST  
FT MCCOY, FL

STD  
SHARON L FOY  
14695 NE 206TH PLACE  
FORT MC COY, FL 32134

VD  
WILIAM OCHU  
19952 NE 142 AVE  
FORT MC COY, FL 32134

D  
EDWARD R LORAH  
14932 NE 215TH LAN  
FT MCCOY, FL 00000,

ATTACHMENT

#721855

40063700

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

[Home](#) [Contact us](#) [Document Searches](#) [E-Filing Services](#) [Forms](#) [Help](#)  
[Copyright and Privacy Policies](#)  
Copyright © 2007 State of Florida, Department of State.