2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# 732917

Entity Name: HERNANDO BEACH VOLUNTEER FIRE COMPANY INCORPORATED

Current Principal Place of Business:

3451 SHOAL LINE BLVD.
HERNANDO BCH, FL 34607 US

New Principal Place of Business:

3451 SHOAL LINE BLVD.
HERNANDO BEACH, FL 34607 US

Current Mailing Address:

3451 SHOAL LINE BLVD.
HERNANDO BCH, FL 34607 US

New Mailing Address:

3451 SHOAL LINE BLVD.
HERNANDO BEACH, FL 34607 US

FEI Number: 59-2188156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELT, DAVID
9756 HORIZON DRIVE
SPRING HILL, FL 34608

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOODWARD, MICHAEL
Address: 3451 SHOAL LINE BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: VP ( ) Delete
Name: CUNNINGHAM, PATRICK
Address: 3451 SHOAL LINE BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: T ( ) Delete
Name: FELL, DAVID
Address: 9756 HORIZON DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: S ( ) Delete
Name: ROVELLO, JOHN
Address: 11058 BAYLOR DR
City-St-Zip: SPRING HILL, FL 34608

Title: SA ( ) Delete
Name: BROWN, JOHN
Address: 3451 SHOAL LINE BLVD
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. FELT TRES 09/02/2004
Electronic Signature of Signing Officer or Director Date