


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 033 ****61.25

DOCUMENT # 732967 1. Entity Name HERNANDO HIGH POINT VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 8008 BALTIC STREET BROOKSVILLE, FL 34613				Mailing Address 8008 BALTIC STREET BROOKSVILLE, FL 34613	
2. Principal Place of Business - No P.O. Box # 8008 BALTIC STREET		3. Mailing Address 8008 BALTIC STREET			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL			
Zip 34613		Country USA		4. FEI Number 51-0166553	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STUCK, JAMES 8033 EASTERN CIRCLE DR BROOKSVILLE, FL 34613			7. Name and Address of New Registered Agent Name MARTHA M. LESQUEREUX Street Address (P.O. Box Number is Not Acceptable) 8134 STOCKHOLM ST BROOKSVILLE FL City FL Zip Code 34613		
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><i>Martha M. Lesquereux</i></u> DATE <u><i>Jan 10, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUCK, JAMES 8033 EASTERN CIRCLE DR BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTHA M. LESQUEREUX 8134 STOCKHOLM ST BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESQUEREUX, MARTHA M 8134 STOCKHOLM STREET BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROB PAUL 12541 FAIRWAY AVE BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGIELLO, ROBERT 12470 FAIRWAY AVENUE BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, MARYANN 7388 EAGLE DR BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN MOSLEY 8134 STOCKHOLM ST. BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, ROBERT 12541 FAIRWAY AVENUE BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES LEONARD 7467 EAGLE DR BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, ROBERT 7380 FIRST CIRCLE DR BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY PEETERS 8084 FIRST CIRCLE DR BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input checked="" 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>MARTHA M. LESQUEREUX</u> <i>Martha M. Lesquereux</i> <u>1-10-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

352-592-3829

Daytime Phone #