

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732967

FILED
Feb 09, 2009
Secretary of State

Entity Name: HERNANDO HIGH POINT VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

8008 BALTIC STREET
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

8008 BALTIC STREET
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 51-0166553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESQUEREAUX, MARTHA M
8134 STOCKHOLM ST
BROOKSVILLE, FL 34613 US

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: PD () Delete
Name: LESQUEREAUX, MARTHA M
Address: 8134 STOCKHOLM ST
City-St-Zip: BROOKSVILLE, FL 34613

Title: V () Delete
Name: PAUL, ROB
Address: 12541 FAIRWAY AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: JAGIELLO, ROBERT
Address: 12470 FAIRWAY AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: MOSLEY, AUSTIN
Address: 8134 STOCKHOLM ST
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: PAUL, ROBERT
Address: 12541 FAIRWAY AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: PEETERS, SANDY
Address: 8084 FIRST CIR DR
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HAFERL, MICHAEL
Address: 9335 HIGH POINT BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D (X) Change () Addition
Name: HUDSON, FRANK
Address: 8103 LITTLE TEE RD.
City-St-Zip: BROOKSVILLE, FL 34613

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

Title: T (X) Change () Addition
Name: LUNNY, LOUISE
Address: 8116 HIGH POINT BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTHA LESQUEREAUX

Electronic Signature of Signing Officer or Director

PRES

02/09/2009

Date