

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12, 1999 8:00am  
Secretary of State

02-12-1999 90018 025 \*\*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735109

1. Corporation Name

HOBE SOUND VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business

12155 S.E. FEDERAL HIGHWAY  
P.O. BOX 1267  
HOBE SOUND FL 33455

Mailing Address

12155 S.E. FEDERAL HIGHWAY  
P.O. BOX 1267  
HOBE SOUND FL 33455



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/03/1976

4. FEI Number

51-0189461

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BUCHANAN, CHRIS L.  
5681 KATHERINE AVE  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME BUCHANAN, CHRIS L.  
STREET ADDRESS 5681 S.E. KATHERINE AVE  
CITY-ST-ZIP STUART FL

TITLE T ☐ DELETE

NAME HACK, BENJAMIN R.  
STREET ADDRESS 8775 SE LONGVIEW DR.  
CITY-ST-ZIP HOBE SOUND, FL 00000

TITLE PD ☐ DELETE

NAME BROWN, MARGIT  
STREET ADDRESS 8793 SANDRIDGE AVE  
CITY-ST-ZIP HOBE SOUND FL

TITLE SD ☐ DELETE

NAME GRAY, MATTHEW  
STREET ADDRESS 9355 SE SUNRISE WAY  
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BENJAMIN R. HACK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

561-796-6504  
Daytime Phone #

CR2E037 (1/98)