

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State


01-19-2006 90082 004 ****75.00

40003472



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 51-0189461	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # 735109 1. Entity Name HOBE SOUND VOLUNTEER FIREMAN'S ASSOCIATION, INC.	
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Principal Place of Business 12155 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455	Mailing Address PO BOX 1267 HOBE SOUND, FL 33457
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BUCHANAN, CHRIS 8153 SE WOODLAND RD HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUCHANAN, CHRIS L. 8153 SE WOODLAND RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACK, BENJAMIN R. 8775 SE LONGVIEW DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALLISTER, SEAN 11363 SE GOLD AVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCALLISTER, JULIE 11363 SE GOLD AVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Chris Buchanan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-11-06</i> <small>Date</small>	<i>772-201-1987</i> <small>Daytime Phone #</small>
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