

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 04, 2006
Secretary of State

DOCUMENT# 735109

Entity Name: HOBE SOUND VOLUNTEER FIREMAN'S ASSOCIATION, INC.**Current Principal Place of Business:**12155 S.E. FEDERAL HIGHWAY
HOBE SOUND, FL 33455**New Principal Place of Business:****Current Mailing Address:**PO BOX 1267
HOBE SOUND, FL 33457**New Mailing Address:****FEI Number:** 51-0189461**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUCHANAN, CHRIS
8153 SE WOODLAND RD
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**BRADY, JAMES S
4248 SE COVE LAKE CIRCLE
204
STUART, FL 34997 US

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: JAMES S. BRADY

07/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BUCHANAN, CHRIS L.,
Address: 8153 SE WOODLAND RD
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Delete
Name: HACK, BENJAMIN R.,
Address: 8775 SE LONGVIEW DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: PD (X) Delete
Name: MCCALLISTER, SEAN
Address: 11363 SE GOLD AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Delete
Name: MCCALLISTER, JULIE
Address: 11363 SE GOLD AVE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRADY, JAMES S
Address: 4248 SE COVE LAKE CIRCLE, #204
City-St-Zip: STUART, FL 34997

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 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: JAMES S. BRADY

P

07/04/2006

Electronic Signature of Signing Officer or Director

Date