2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-07-2008 90037 021 ****61.00
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FILED
08 MAR 14 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750740

1. Entity Name
HEILBRONN SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

02242008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
HWY 16 @ INTERSECTION CR 229A STARKE, FL 32091	21412 NW STATE RD. 16 STARKE, FL 32091

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2876888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCARTHY, TERRY A 6416 CR 229 A STARKE, FL 32091	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCCARTHY, TERRY A 6416 CR 229 A STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/3/17	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMSON, ANN B 6416 NW CR 229 A STARKE, FL 32091	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPATAFORE ANTHONY 559 NW CR 233 STARKE FL 32091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, GLEN JR. NW 220TH WAY STARKE, FL 32091	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RODGERS STEPHEN P 11845 CR 229 NW STARKE FL 32091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, LLOYD NW CR 229 A STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVE, LONNIE JR. 514 E. NORA ST. STARKE, FL 32091	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAMS CHARLES E 10804 NW CR229 STARKE FL 32091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 3/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #