

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750740

FILED
Apr 09, 2009
Secretary of State

Entity Name: HEILBRONN SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

HWY 16 @ INTERSECTION CR 229A
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

21412 NW STATE RD. 16
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2876888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, TERRY A
6416 CR 229 A
STARKE, FL 32091 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: CD () Delete
Name: MCCARTHY, TERRY A
Address: 6416 CR 229 A
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: SPATAFORE, ANTHONY
Address: 559 NW CR 233
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: RODGERS, STEPHEN P
Address: 11845 CR 229 NW
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: HAMILTON, LLOYD
Address: NW CR 229 A
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WILLIAMS, CHARLES E
Address: 10809 NW CR 229
City-St-Zip: STARKE, FL 32091

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SPATAFORE, ANTHONY
Address: 5559 NW CR 233
City-St-Zip: STARKE, FL 32091

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

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

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

Title: D () Change (X) Addition
Name: LAFOLLETE, TOMMY
Address: 5150 NW 180TH AVE
City-St-Zip: STARKE, FL 32091

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: ANTHONY J. SPATAFORE

TD

04/09/2009

Electronic Signature of Signing Officer or Director

Date