


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 010 ****61.25

DOCUMENT # 752233	
1. Entity Name HOLLISTER VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 617 SR 20 PO BOX 314 HOLLISTER, FL 32147-0314 US	Mailing Address PO BOX 314 617 SR 20 HOLLISTER, FL 32147-0314 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1987405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBERT HAROLD DAVENPORT
600 HWY 20
PO BOX 565
HOLLISTER, FL 32147

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVEY, CHARLENE 103 LINDA AVENUE HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVENPORT, DONNA M 600 SR 20 HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MEYERS, MURIEL L 141 PALM TRAIL HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, RUTH 848 OLD GAINESVILLE HWY HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISHAM, DAVID 107 O'STEEN RD. HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Donna M. Davenport, President* *April 26, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #