

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752233

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** HOLLISTER VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

617 SR 20  
PO BOX 314  
HOLLISTER, FL 321470314 US

**New Principal Place of Business:**

617 SR 20  
HOLLISTER, FL 321470314 US

**Current Mailing Address:**

PO BOX 314  
617 SR 20  
HOLLISTER, FL 321470314 US

**New Mailing Address:**

PO BOX 314  
HOLLISTER, FL 321470314 US

**FEI Number:** 59-1987405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ROBERT H DAVENPORT  
600 HWY 20  
HOLLISTER, FL 32147 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: ROBERT H. DAVENPORT

05/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: IVEY, CHARLENE  
Address: 103 LINDA AVENUE  
City-St-Zip: HOLLISTER, FL 32147

Title: PD ( ) Delete  
Name: DAVENPORT, DONNA M  
Address: 600 SR 20  
City-St-Zip: HOLLISTER, FL 32147

Title: TS ( ) Delete  
Name: MEYERS, MURIEL L  
Address: 141 PALM TRAIL  
City-St-Zip: HOLLISTER, FL 32147

Title: D ( ) Delete  
Name: HOYT, RUTH  
Address: 848 OLD GAINESVILLE HWY  
City-St-Zip: HOLLISTER, FL 32147

Title: D ( ) Delete  
Name: WISHAM, DAVID  
Address: 107 O'STEEN RD.  
City-St-Zip: HOLLISTER, FL 32147

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: HOLMES, CHARLES  
Address: 144 GARCIA STREET  
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Change (X) Addition  
Name: PASSENGER, DANIEL  
Address: 101 PEEPLES LANE  
City-St-Zip: PALATKA, FL 32177

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: DONNA M. DAVENPORT

P

05/03/2009

Electronic Signature of Signing Officer or Director

Date