

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752233

FILED
Mar 30, 2012
Secretary of State

Entity Name: HOLLISTER VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

617 SR 20
HOLLISTER, FL 321470314 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 314
HOLLISTER, FL 32147 US

New Mailing Address:

FEI Number: 59-1987405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT H DAVENPORT
600 HWY 20
HOLLISTER, FL 32147 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: VD
Name: IVEY, CHARLENE
Address: 103 LINDA AVENUE
City-St-Zip: HOLLISTER, FL 32147

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

Title: T
Name: MEYERS, MURIEL L
Address: 141 PALM TRAIL
City-St-Zip: HOLLISTER, FL 32147

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

Title: S
Name: TYRE, ALYSIA
Address: 108 TYRE ROAD
City-St-Zip: HOLLISTER, FL 32147

Title: D
Name: HOLMES, CHARLES
Address: 144 GARCIA STREET
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: DONNA M. DAVENPORT

PRES

03/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date