

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 049 ****61.25

DOCUMENT # N01000002375

1. Entity Name

HAMPTON VOLUNTEER FIRE DEPARTMENT INC.



Principal Place of Business

**5796 NAVARRE AVE.
HAMPTON FL 32044**

Mailing Address

**P. O. BOX 358
HAMPTON FL 32044**

50055052



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

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

**WILLIAMS, MARTHA
10173 DIVISION ST.
HAMPTON FL 32044**

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

Martina Williams

Martina Williams

6/1/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **CD** ☒ Delete
NAME **BRIDGES, DAVID**
STREET ADDRESS **5793 NAVARRE AVE**
CITY-ST-ZIP **HAMPTON FL 32044**

TITLE **ACD** ☒ Delete
NAME **WILLIAMS, SANDRA B**
STREET ADDRESS **10173 DIVISION**
CITY-ST-ZIP **HAMPTON FL 32044**

TITLE **CD** ☒ Delete
NAME **CRAWFORD, CHARLES E**
STREET ADDRESS **10978 SW 73RD AVE**
CITY-ST-ZIP **HAMPTON FL 32044**

TITLE **CD** ☐ Delete
NAME **RHODEN, RAYMOND D**
STREET ADDRESS **10066 SE 38TH AVE**
CITY-ST-ZIP **HAMPTON FL 32044**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
NAME **ADAM HALL**
STREET ADDRESS **5291 PINE STREET**
CITY-ST-ZIP **Hampton, FL 32044**

TITLE **CD** ☐ Change ☒ Addition
NAME **RYAN HARVEY**
STREET ADDRESS **9605 SE 4TH AVE**
CITY-ST-ZIP **Hampton, FL 32044**

TITLE **ACD** ☐ Change ☒ Addition
NAME **AMY HALL**
STREET ADDRESS **5291 PINE STREET**
CITY-ST-ZIP **Hampton, FL 32044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Raymond Rhoden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05
Date

(352) 462 2631
Daytime Phone #