

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 044 ****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



01302006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARTHA
10173 DIVISION ST.
HAMPTON, FL 32044

**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

Tipard Williams

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

(NOTE: Registered Agent signature required when reinstating)

2-26-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HALL, ADAM
STREET ADDRESS	5291 PINE STREET
CITY-ST-ZIP	HAMPTON, FL 33044
TITLE	CD
NAME	HARVEY, RYAN
STREET ADDRESS	9605 SE 49TH AVE
CITY-ST-ZIP	HAMPTON, FL 32044
TITLE	SCD
NAME	HALL, AMY
STREET ADDRESS	5291 PINE STREET
CITY-ST-ZIP	HAMPTON, FL 32044
TITLE	CD
NAME	RHODEN, RAYMOND D
STREET ADDRESS	10066 SE 38TH AVE
CITY-ST-ZIP	HAMPTON, FL 32044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Tipard Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06 (352) 468-1201

Date

Daytime Phone #