

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90038 019 ****70.00

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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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**BRIDGES, SHANA
5793 NAVARRE AVE.
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 *Shana Bridges*

Shana Bridges

03-03-08

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, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, DETRIA	
STREET ADDRESS	9605 SE 49TH AVE	
CITY-ST-ZIP	HAMPTON FL 33044	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, RYAN	
STREET ADDRESS	9605 SE 49TH AVE	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SANDRA	
STREET ADDRESS	101 DIVISION AVE	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, RAYMOND	
STREET ADDRESS	10066 SE 38TH AVE	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua McDaniel	
STREET ADDRESS	5115 SE 86th ST	
CITY-ST-ZIP	Hampton, FL 32044	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua Ely-Carter	
STREET ADDRESS	5563 SE 86th ST	
CITY-ST-ZIP	Hampton, FL 32044	
TITLE	TCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Williams	
STREET ADDRESS	101 Division Ave	
CITY-ST-ZIP	Hampton, FL 32044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joshua McDaniel Joshua McDaniel

3/3/08

(352) 484-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date/Phone #