

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N01000002375

Entity Name: HAMPTON VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

5796 NAVARRE AVE.
HAMPTON, FL 32044

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 358
HAMPTON, FL 32044

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIDGES, SHANA
5793 NAVARRE AVE.
HAMPTON, FL 32044 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 () Delete
Name: MCDANIEL, JOSHUA
Address: 5115 SE 86TH ST
City-St-Zip: HAMPTON, FL 32044

Title: CD () Delete
Name: ELY-CARTER, JOSHUA
Address: 5563 SE 86TH ST
City-St-Zip: HAMPTON, FL 32044

Title: TCD () Delete
Name: WILLIAMS, SANDRA
Address: 101 DIVISION AVE
City-St-Zip: HAMPTON, FL 32044

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:

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: SANDRA WILLIAMS

TCD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date