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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004944 (4)

1. Corporation Name

HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSO  
CIATION, INC.

Principal Place of Business

Mailing Address

3210 SOUTH 78TH STREET  
TAMPA FL 33619

3210 SOUTH 78TH STREET  
TAMPA FL 33619-6510



3. Date Incorporated or Qualified  
10/07/1994

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 2709 E. HANNA AVE.

26 2709 E. HANNA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 TAMPA, FL

24 Zip 33610 Country

29 Zip 33610 Country 30

4. FEI Number

59-3304622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERTENS, ROBERT  
3210 SOUTH 78TH STREET  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2709 E. HANNA AVE.

84 City TAMPA

85 FL

86 Zip Code 33610

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

2/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MERTENS, ROBERT	
STREET ADDRESS	3210 SOUTH 78TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	4503 CORONET ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARRETT, FERRIS	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEASLEY, GLORIA	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NALLS, FRED	
1.3 STREET ADDRESS	129 W. LUTZ LAKE FERN RD.	
1.4 CITY-ST-ZIP	LUTZ, FL 33549	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIAZ, HECTOR	
2.3 STREET ADDRESS	8901 MEMORIAL HWY.	
2.4 CITY-ST-ZIP	TAMPA, FL 33615	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FERRIS GARRETT

2/26/97 (813) 276-8354  
Date Daytime Phone # 0048538

CR2E037 (9/96)