


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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

**2709 E HANNA AVE
TAMPA FL 33610
US**

**2709 E HANNA AVE
TAMPA FL 33610
US**

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3304622

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERTENS, ROBERT
2709 E HANNA AVE
TAMPA FL 33610**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P0D <input checked="" type="checkbox"/> DELETE
NAME	NALLS, FRED
STREET ADDRESS	129 W LUTZ LAKE FERN RD
CITY-ST-ZIP	LUTZ FL
TITLE	PD <input checked="" 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	VP <input checked="" type="checkbox"/> DELETE
NAME	DIAZ, HECTOR
STREET ADDRESS	8901 MEMORIAL HWY
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	WALKER, GERALD
1.4 CITY-ST-ZIP	5302 W. THONOTOSASSA RD. PLANT CITY, FL 33565
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	HAZZARD, JEFFREY
2.4 CITY-ST-ZIP	4705 E. BLOOMINGDALE AVE. VALRICO, FL 33594
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	VD <input checked="" 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 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: **FERRIS GARRETT** 4/8/98 813 276-8354

CR2E037 (10/97)