

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004944

FILED
Apr 08, 2007
Secretary of State

Entity Name: HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

2709 E HANNA AVE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

2709 E HANNA AVE
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3304622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, FERRIS
1225 BUTCH CASSIDY TRAIL
WIMAUMA, FL 33598 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: PD () Delete
Name: CURTS, MARK
Address: 3138 SYDNEY DOVER ROAD
City-St-Zip: DOVER, FL 33527

Title: TD () Delete
Name: GARRETT, FERRIS
Address: 602 LIGHTFOOT ROAD
City-St-Zip: WIMAUMA, FL 33598

Title: SD () Delete
Name: SARANKO, JAMES
Address: 5016 S. TURKEY CREEK ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: VD () Delete
Name: VANETTEN, ROBERT
Address: PO BOX 6530
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CAPELLI, ROBERT
Address: 4705 E. BLOOMINGDALE AVE.
City-St-Zip: BRANDON, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FERRIS GARRETT

TD

04/08/2007

Electronic Signature of Signing Officer or Director

Date