


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

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90038 038 \*\*\*\*61.25

<b>DOCUMENT # N21310</b>			
1. Entity Name <b>MOSSY POND VOLUNTEER FIRE DEPT., INC.</b>			
Principal Place of Business <b>7128 NW PORTER GRADE ALTHA FL 32421 US</b>		Mailing Address <b>7128 NW PORTER GRADE ALTHA FL 32421 US</b>	
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
6. Name and Address of Current Registered Agent <b>MYRHAMMAR, ROLF 7380 NW PORTER GRADE ALTHA FL 32421</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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.			



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-3360281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MYRHAMMAR, ROLF 7380 N.W. PORTER GRADE ALTHA FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZARESE, ANTHONY 3227 NW PAWNEE RD FOUNTAIN FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRATZ, ANTHONY 23270 LK MCKENZIE BLVD ALTHA FL 32421 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D JEFF STRICKLAND 22291 N.W. ISOLETTA RD ALTHA FL 32421</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAUDAS, GEORGIA 23044 LK MCKENZIE BLVD ALTHA FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rolf Myrhammar ROLF H. MYRHAMMAR 2-25-08 8507623885