

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11822

**Entity Name:** MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**1245 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344**Current Mailing Address:**1245 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344**FEI Number:** 59-2721366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWRENCE, LESTER CHIEF  
1285 FLORIDA AVE.  
MONTICELLO, FL 32344 US*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

**Officer/Director Detail :**

Title SECRETARY  
Name TOSADO, DENISE  
Address 639 DEERWOOD BLVD  
City-State-Zip: GREENVILLE FL 32331

Title D  
Name DICKEY, MARY JANE  
Address 376 TECUMSEH ROAD  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name FESSENDEN, EDWARD  
Address 73 ROSE HILL LANE  
City-State-Zip: MONTICELLO FL 32344

Title P  
Name BATES, LARRY  
Address 76 TOBY LANE  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name POWELL, BRIAN  
Address 76 BARNES ROAD  
City-State-Zip: MONTICELLO FL 32344

Title VP  
Name MATTHEWS, JESSE  
Address 30 MATTHEWS CIRCLE  
City-State-Zip: MONTICELLO FL 32344

Title TREASURER  
Name LAWRENCE, LESTER  
Address 1285 FLORIDA AVE  
City-State-Zip: MONTICELLO FL 32344

*I hereby 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 all other like empowered.*

**SIGNATURE: LESTER LAWRENCE****CHIEF****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date