

2017 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 MALLOY, AUSTIN
Address 5055 . JEFFERSON ST.
City-State-Zip: MONTICELLO FL 32344

Title D
Name PRITCHETT, FAY
Address 122 HUDSON CORNER RD.
City-State-Zip: MONTICELLO FL 32344

Title VP
Name SACCO, MICHAEL
Address 42 PATCHUK DR.
City-State-Zip: MONTICELLO FL 32344

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

Title PRESIDENT
Name SPINNENWEBER, CHRIS
Address 346 KOA RD.
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name STARLING, AMBER
Address 44628-2 ROOSEVELT ST.
City-State-Zip: FT.RILEY KS 66442

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

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date