

2016 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	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	TREASURER
Name	LAWRENCE, LESTER
Address	1285 FLORIDA AVE
City-State-Zip:	MONTICELLO FL 32344

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

Title	DIRECTOR
Name	HALL, TRAVIS
Address	1082 SOUTH WATER ST.
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

04/02/2016

Electronic Signature of Signing Officer/Director Detail_____
Date