2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004
Secretary of State

DOCUMENT# 700973

Entity Name: SEFFNER-MANGO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1706 S KINGSWAY AVE.
SEFFNER, FL 335845348 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 447
SEFFNER, FL 335830447

New Mailing Address:

FEI Number: 59-3015478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, J. PRICE
1113 MELROSE
SEFFNER, FL 33584 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:	P	( ) Delete
Name:	PRICE, BRAD J.,	
Address:	1113 MELROSE	
City-St-Zip:	SEFFNER, FL 00000,	
Title:	TD	( ) Delete
Name:	PRICE, HENRY T. SR.,	
Address:	603 W WHEELER RD.	
City-St-Zip:	SEFFNER, FL	
Title:	VPP	( ) Delete
Name:	OTTMER, SCOTT	
Address:	107 NILA DR	
City-St-Zip:	SEFFNER, FL 33584	
Title:	SD	( ) Delete
Name:	THOMPSON, LESLIE D	
Address:	303 MAGNOLIA LANE	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	CASTILLO, HECTOR	
Address:	5502 N 43RD ST	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	VAN ETTEN, ROBERT S	
Address:	208 CLAIRE DR.	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: SCOTT OTTMER VP 07/26/2004
Electronic Signature of Signing Officer or Director — Date