

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703272

FILED
Apr 30, 2009
Secretary of State

Entity Name: MELROSE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

CYPRESS ST. & S.R.26
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 646
MELROSE, FL 32666

New Mailing Address:

FEI Number: 51-0198238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT "BOB"
161 PRICE ROAD
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

BROWN, BOB P
161 PRICE ROAD
HAWTHORNE, FL 32640 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: BOB BROWN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, BOB
Address: 161 PRICE RD
City-St-Zip: HAWTHORNE, FL 32640

Title: V () Delete
Name: BLANKENSHIP, TERRY
Address: 145 HILLTOP LOOP
City-St-Zip: HAWTHORNE, FL 32640

Title: T () Delete
Name: SMITH, WALTON
Address: 6435 LATCHSTRING CT
City-St-Zip: MELROSE, FL 32666

Title: FCD () Delete
Name: LOFTIS, JOHN
Address: 100 LAKE CARLTON DR
City-St-Zip: MELROSE, FL 32666

Title: S () Delete
Name: COX, DAN
Address: 130 SUNSET STRIP DRIVE
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BLANKENSHIP, JERRY
Address: 145 HILLTOP LOOP
City-St-Zip: HAWTHORNE, FL 32640

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 exemption stated in Chapter 119, 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: BOB BROWN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date