

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703272

**FILED**  
**Jan 25, 2012**  
**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 (X)**

**Name and Address of Current Registered Agent:**

BROWN, BOB  
161 PRICE ROAD  
HAWTHORNE, FL 32640 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  
Name: BROWN, BOB  
Address: 161 PRICE RD  
City-St-Zip: HAWTHORNE, FL 32640

Title: V  
Name: BLANKENSHIP, JERRY  
Address: 145 HILLTOP LOOP  
City-St-Zip: HAWTHORNE, FL 32640

Title: T  
Name: COLE, WALTER  
Address: 6212 QUAIL STREET  
City-St-Zip: MELROSE, FL 32666

Title: MGR  
Name: LOFTIS, JOHN  
Address: 100 LAKE CARLTON DR  
City-St-Zip: MELROSE, FL 32666

Title: S  
Name: BLANKENSHIP, PAT  
Address: 145 HILLTOP LOOP  
City-St-Zip: HAWTHORNE, FL 32640

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:** BOB BROWN

P

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date