


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 703470 1. Entity Name MATLACHA-PINE ISLAND VOLUNTEER FIRE DEPARTMENT, INCORPORATED	
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Principal Place of Business 5700 PINE ISLAND RD. BOKEELIA, FL 33922	Mailing Address 5700 PINE ISLAND RD. BOKEELIA, FL 33922
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6516069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRADLEY, DAVID P SR.
5700 PINE ISLAND RD.
BOKEELIA, FL 33922**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY SR., DAVID P 5676 BIRDSONG LANE BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTER, LINDA 5392 PHILLIPS BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARZELLA, JOSEPH A 11554 FLINT LANE BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80028-011 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David P. Bradley Sr 4-21-08 239-282-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #