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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704075** (1)
1. Corporation Name
MIDDLEBURG VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 4003 EVERETT AVENUE MIDDLEBURG FL 32068 US	Mailing Address P O BOX 174 MIDDLEBURG FL 32060-0174 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1962		3a. Date of Last Report 04/30/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BORUM, DEBORAH 3809 MAIN ST MIDDLEBURG FL 32068				10. Name and Address of New Registered Agent			
				81. Name Brockwell Michael W.			
				82. Street Address (P.O. Box Number is Not Acceptable) 3791 CR. 218 APT. 52			
				83. City MIDDLEBURG			
				84. State FL			
				85. Zip Code 32068			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael W. Brockwell* **Michael W. Brockwell** **6/2/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORUM, DEBORAH			1.2 NAME	Brockwell Michael W.		
STREET ADDRESS	3809 MAIN ST			1.3 STREET ADDRESS	3791 CR 218 APT. 52		
CITY-ST-ZIP	MIDDLEBURG FL			1.4 CITY-ST-ZIP	MIDDLEBURG, FLA. 32068		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, GORDON			2.2 NAME	KERSEY BILLY JOE		
STREET ADDRESS	2092 LAUREL DR			2.3 STREET ADDRESS	MAIN ST 3808		
CITY-ST-ZIP	MIDDLEBURG FL			2.4 CITY-ST-ZIP	MIDDLEBURG, FLA. 32068		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	WALDEN JERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BORUM, DEBBIE			3.2 NAME	WALDEN JERRY		
STREET ADDRESS	2170 ACORN MANOR			3.3 STREET ADDRESS	2170 ACORN MANOR		
CITY-ST-ZIP	MIDDLEBURG FL			3.4 CITY-ST-ZIP	MIDDLEBURG FLA 32068		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	Knott, Steven W. SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, JAMES			4.2 NAME	3218 Stella Hall Rd		
STREET ADDRESS	1095 CACTUS CUT RD			4.3 STREET ADDRESS	Middleburg FL.		
CITY-ST-ZIP	MIDDLEBURG FL			4.4 CITY-ST-ZIP	32068		
TITLE	M	<input type="checkbox"/> DELETE		5.1 TITLE	EARLS CHIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOTT, FRANKLYN			5.2 NAME	4019 Sonnell Av.		
STREET ADDRESS	3218 STELLA HALL RD			5.3 STREET ADDRESS	Middleburg FL		
CITY-ST-ZIP	MIDDLEBURG, FL 00000			5.4 CITY-ST-ZIP	32068		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERSET, BILLY			6.2 NAME			
STREET ADDRESS	1996 TACOMA DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG, FL 00000			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael W. Brockwell* **Michael W. Brockwell** **6/2/97**

CR2E037 (9/96)