2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# 706970

Entity Name: MERRITT ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

P.O. BOX 540263
MERRITT ISL., FL 329540263 US

New Principal Place of Business:

300 ALMA BLVD
MERRITT ISLAND, FL 32954 US

Current Mailing Address:

P.O. BOX 540263
MERRITT ISL., FL 329540263 US

New Mailing Address:

PO BOX 540263
MERRITT ISLAND, FL 329540263 US

FEI Number: 59-1574263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSEEN, BRUCE
4060 RHONDA CT.
MERRITT ISLAND, FL 32952 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: VT ( ) Delete
Name: BAIRD, KIRK
Address: 2433 WILOWBROOK ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PT ( ) Delete
Name: CRISAFULLI, JOE
Address: P.O. BOX 543243
City-St-Zip: MERRITT ISLAND, FL 32954

Title: TT ( ) Delete
Name: OLSEEN, BRUCE
Address: 4060 RHONDA CT.
City-St-Zip: MERRITT ISLAND, FL

Title: ST ( ) Delete
Name: MORGAN, AARON
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition
Name: BAIRD, KIRK
Address: 2433 WILOWBROOK ROAD
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: PT (X) Change ( ) Addition
Name: CRISAFULLI, JOE
Address: P.O. BOX 543243
City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: TT (X) Change ( ) Addition
Name: OLSEEN, BRUCE
Address: 4060 RHONDA CT.
City-St-Zip: MERRITT ISLAND, FL US

Title: ST (X) Change ( ) Addition
Name: ENGEL, LEW
Address: 3960 CHARDONNAY DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

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: BRUCE E. OLSEEN TT 03/04/2008

Electronic Signature of Signing Officer or Director — Date