

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706970

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** MERRITT ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

300 ALMA BLVD  
MERRITT ISLAND, FL 32954 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540263  
MERRITT ISLAND, FL 329540263 US

**New Mailing Address:**

**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 WILLOWBROOK ROAD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VT (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 E  
Address: 4060 RHONDA CT.  
City-St-Zip: MERRITT ISLAND, FL US

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: BRUCE E. OLSEEN

TT

03/08/2009

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

\_\_\_\_\_  
Date