

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711273

FILED
Jan 16, 2009
Secretary of State

Entity Name: MANDARIN-LORETTO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

11111-70 SAN JOSE BLVD.
#275
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

11111-70 SAN JOSE BLVD.
#275
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-1095033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, ERIN
2788 VIA BAYA LANE
JACKSONVILLE, FL 32223 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: D () Delete
Name: EVANS, ERIN
Address: 2788 VIA BAYA LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: EVANS, ERIN
Address: 2788 VIA BAYA LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: ELLIOT, LARRY
Address: 3607 CAMERON CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: ELLIOTT, LARRY
Address: 3607 CAMERON CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIN EVANS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date