


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714721</b>		
1. Entity Name <b>MOLINO VOLUNTEER FIRE DEPARTMENT, INC.</b>		
Principal Place of Business <b>1459 MOLINO ROAD MOLINO, FL 32577 US</b>		Mailing Address <b>P OBOX 130 MOLINO, FL 32577-0130 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02112006 No Chg-NP CR2E037 (11/05)
4. FEI Number <b>59-2045290</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HENDIX, CHARLES H. 6766 HWY 95-A NORTH MOLINO, FL 32577</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	NOWLIN, HARRY A	
STREET ADDRESS	5801 FAIRGROUND RD	
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	VP	
NAME	COLE, HOLLIS R	
STREET ADDRESS	9801 NORTH BARTH RD	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	VP	
NAME	KENNEDY, ROBERT H	
STREET ADDRESS	5121 MOLINO RD	
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	SD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	HENDRIX, CHARLES H	
STREET ADDRESS	6766 HWY 95 A N	
CITY-ST-ZIP	MOLINO, FL	
TITLE	TD	
NAME	TERRY, CAROLYN H	
STREET ADDRESS	855 BARTH RD.	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MOLINO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Carolyn H. Terry</u> <u>Carolyn H. Terry</u>		3-3-06 850-587-2322
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>