

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723558 (3)
1. Corporation Name
MAGNOLIA VALLEY VOLUNTEER FIREMEN, INC.



Principal Place of Business: **7800 MASS.AVENUE
P. O. BOX 1625
NEW PORT RICHEY FL 34656-1625**

Mailing Address: **P O BOX 1625
NEW PORT RICHEY FL 34656-1625
US**

3. Date Incorporated or Qualified: **05/30/1972** 3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2719211	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURFORD, MICHAEL F. 6738 PARKSIDE DR. NEW PORT RICHEY FL 34653		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
	85. Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURFORD, MICHAEL	1.2 NAME	
STREET ADDRESS	6738 PARKSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEUP, DENNIS	2.2 NAME	
STREET ADDRESS	7800 MASSACHUSETTS	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPER, JENNIFER	3.2 NAME	D+Secretary
STREET ADDRESS	7834 ANTHULA COURT	3.3 STREET ADDRESS	Neil French
CITY-ST-ZIP	NEW PT. RICHEY FL	3.4 CITY-ST-ZIP	6815 Pin Cherry Ln
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURFORD, PATSY	4.2 NAME	
STREET ADDRESS	6738 PARKSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, BRAD	5.2 NAME	D
STREET ADDRESS	1024 PENNSYLVANIA	5.3 STREET ADDRESS	Frank Downey
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	5009 Muggie Dr.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURFORD, SCOTT	6.2 NAME	
STREET ADDRESS	6738 PARKSIDE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 J. Burford* **Michael F. Burford** 3/18/96 813-841-6464

CR2E037 (12/95)