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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

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
BURFORD, MICHAEL
6738 PARKSIDE DR.
NEW PT. RICHEY FL**

TITLE ☐ DELETE

**V
KEUP, DENNIS
7800 MASSACHUSETTS
NEW PT. RICHEY FL**

TITLE ☒ DELETE

**DS
STAMPER, JENNIFER
7834 ANTHULA COURT
NEW PT. RICHEY FL**

TITLE ☐ DELETE

**T
BURFORD, PATSY
6738 PARKSIDE DR
NEW PT RICHEY FL**

TITLE ☒ DELETE

**D
MILLS, BRAD
1024 PENNSYLVANIA
PALM HARBOR FL**

TITLE ☐ DELETE

**D
BURFORD, SCOTT
6738 PARKSIDE DR.
NEW PT. RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D+Secretary
Neil French
6815 Pin Cherry Ln
Port Richey, FL 34668**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D
Frank Downey
5009 Muggie Dr.
New Port Richey, FL 34653**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 F. Burford *Michael F. Burford* 3/18/96 813-841-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)