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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

7800 MASS.AVENUE
P. O. BOX 1625
NEW PORT RICHEY FL 34856-1625P O BOX 1625
NEW PORT RICHEY FL 34856-1625
US3. Date Incorporated or Qualified
05/30/19723a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 34853

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURFORD, MICHAEL	
STREET ADDRESS	6738 PARKSIDE DR.	
CITY - ST - ZIP	NEW PT. RICHEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEUP, DENNIS	
STREET ADDRESS	7800 MASSACHUSETTS	
CITY - ST - ZIP	NEW PT. RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRENCH, NEIL	
STREET ADDRESS	6815 PIN CHERRY LN	
CITY - ST - ZIP	NEW PT. RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURFORD, PATSY	
STREET ADDRESS	6738 PARKSIDE DR	
CITY - ST - ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, FRANK	
STREET ADDRESS	5009 MAGPIE DR	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURFORD, SCOTT	
STREET ADDRESS	6738 PARKSIDE DR.	
CITY - ST - ZIP	NEW PT. RICHEY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

813-846-111

Date

Daytime Phone # 0068199

CR2E037 (9/96)