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Feb 18, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723558

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/30/1972

4. FEI Number

59-2719211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BURFORD, MICHAEL F.  
6738 PARKSIDE DR.  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

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 P ☐ DELETE  
NAME BURFORD, MICHAEL  
STREET ADDRESS 6738 PARKSIDE DR.  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE V ☐ DELETE  
NAME KEUP, DENNIS  
STREET ADDRESS 7800 MASSACHUSETTS  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE SD ☐ DELETE  
NAME FRENCH, NEIL  
STREET ADDRESS 6815 PIN CHERRY LN  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE T ☐ DELETE  
NAME BURFORD, PATSY  
STREET ADDRESS 6738 PARKSIDE DR  
CITY-ST-ZIP NEW PT. RICHEY FL

TITLE D ☐ DELETE  
NAME DOWNEY, FRANK  
STREET ADDRESS 5009 MAGPIE DR  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE  
NAME BURFORD, SCOTT  
STREET ADDRESS 6738 PARKSIDE DR.  
CITY-ST-ZIP 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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99 727-846-1111  
Date Daytime Phone #

CR2E037 (1/1/98)