2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723558

FILED Jan 22, 2007 Secretary of State

Entity Name: MAGNOLIA VALLEY VOLUNTEER FIREMEN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	SS.AVENUE RT RICHEY, FL 34653 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P O BOX NEW POF	1625 RT RICHEY, FL 346561625 US			
FEI Number	r: 59-2719211 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
6738 PAR	D, MICHAEL F PRES RKSIDE DR. RT RICHEY, FL 34653 US			
	e named entity submits this statement for the te of Florida.	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:			
	Electronic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete BURFORD, MICHAEL F P 6738 PARKSIDE DR. NEW PT. RICHEY, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (X) Delete DOWNEY, FRANK 7415 CAY DR PORT RICHEY, FL 34668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete BUSH, BEN 7800 MASSACHUSETTS APT. 1 NEW PORT RICHEY, FL 34653		(X) Change()Addition N SACHUSETTS APT. B IT RICHEY, FL 34653	
Title: Name: Address: City-St-Zip:	T () Delete BURFORD, SCOTT 9545 PAVER CT. NEW PT RICHEY, FL 34654	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HARTMAN, JEFF 8602 SWEETBRIAR CT. NEW PORT RICHEY, FL 34655	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete GARLOCK, JASON 7800 MASSACHUSETTS AVE. APT. 1	Title: D Name: GARLOCK Address: 7800 MAS	(X) Change()Addition (, JASON SACHUSETTS AVE. APT. B	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BUSH SD 01/22/2007