

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723558

FILED
Aug 19, 2008
Secretary of State

Entity Name: MAGNOLIA VALLEY VOLUNTEER FIREMEN, INC.

Current Principal Place of Business:

7800 MASS.AVENUE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1625
NEW PORT RICHEY, FL 346561625 US

New Mailing Address:

FEI Number: 59-2719211 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURFORD, MICHAEL F P
Address: 6738 PARKSIDE DR.
City-St-Zip: NEW PT. RICHEY, FL

Title: SD () Delete
Name: BUSH, BEN
Address: 7800 MASSACHUSETTS APT. B
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T () Delete
Name: BURFORD, SCOTT
Address: 9545 PAVER CT.
City-St-Zip: NEW PT RICHEY, FL 34654

Title: D () Delete
Name: HARTMAN, JEFF
Address: 8602 SWEETBRIAR CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Delete
Name: GARLOCK, JASON
Address: 7800 MASSACHUSETTS AVE. APT. B
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT BURFORD

TRES

08/19/2008

Electronic Signature of Signing Officer or Director

Date