

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723749

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** MAXVILLE, VOLUNTEER FIRE DEPARTMENT, INC

**Current Principal Place of Business:**

18255 PENN. ST.  
MAXVILLE DUVAL, FL 32234

**New Principal Place of Business:**

18255 PENNSYLVANIA AVENUE  
JACKSONVILLE, FL 32234

**Current Mailing Address:**

18255 PENN. ST.  
MAXVILLE DUVAL, FL 32234

**New Mailing Address:**

18255 PENNSYLVANIA AVENUE  
JACKSONVILLE, FL 32234

**FEI Number:** 59-2333806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILBANKS, HUGH P  
6041 LONG BRANCH RD  
JACKSONVILLE, FL 32234 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: VD ( ) Delete  
Name: NORMAN, RICHARD L.  
Address: 6168 JACK WILKINSON ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: WILBANKS, HUGH P,  
Address: 6041 LONG BRANCH RD  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: COLEMAN, DONALD  
Address: 20199 SR 228 W  
City-St-Zip: JACKSONVILLE, FL 32234

Title: T ( ) Delete  
Name: MOSLEY, EARL,  
Address: 15776 NORMANDY BLVD.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: NORMAN, RICHARD L.  
Address: 6168 JACK WILKINSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: PD (X) Change ( ) Addition  
Name: WILBANKS, HUGH P,  
Address: 6041 LONG BRANCH RD  
City-St-Zip: JACKSONVILLE, FL 32234

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

Title: T (X) Change ( ) Addition  
Name: MOSLEY, EARL,  
Address: 15776 NORMANDY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32234

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: DONALD F. COLEMAN

SD

02/11/2009

Electronic Signature of Signing Officer or Director

Date