

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736889 (7)
1. Corporation Name
MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

000001767580
-04/03/96--01015--006
***61.25



Principal Place of Business Mailing Address
**7209 W LILLIAN HWY
PO BOX 3622
PENSACOLA FL 32516**

3. Date Incorporated or Qualified **09/27/1976** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **APPLIED FOR 59-2387274** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GUTTMANN, MICHAEL L
314 S. BAYLEN ST., 201
PENSACOLA FL 32501**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARO, WILLARD M	1.2 NAME	Caro, William M
STREET ADDRESS	7109 LILLIAN HWY	1.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, DWIGHT	2.2 NAME	Mofan, Tim
STREET ADDRESS	7209 LILLIAN HWY	2.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, RICHARD	3.2 NAME	Enterkin, Wayne
STREET ADDRESS	7209 LILLIAN HWY	3.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMAIDRIS, MARY	4.2 NAME	Smaidris, Mary
STREET ADDRESS	7209 LILLIAN HWY	4.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGLOTHREN, WAYNE	5.2 NAME	Jordan, Robert
STREET ADDRESS	7209 LILLIAN HWY	5.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCWILLIAMS, JACK	6.2 NAME	Fiol, Tony
STREET ADDRESS	7209 LILLIAN HWY	6.3 STREET ADDRESS	7209 Lillian Hwy.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL 32506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mary Smaidris* Mary Smaidris, Treasurer 2/6/96 904-432-6089

CR2E037 (12/95)