

FILE NOW: FILING FEE IS \$61.25

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**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736889 (7)
1. Corporation Name
MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 7209 W LILLIAN HWY PO BOX 3622 PENSACOLA FL 32516	Mailing Address 7209 W LILLIAN HWY PO BOX 3622 PENSACOLA FL 32516
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3. Date Incorporated or Qualified 09/27/1976	4. FEI Number 59-2387274	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05 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		
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	CARO, WILLARD M	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOEL	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANHAM, ANNETTE	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMAIDRIS, MARY	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, ROBERT	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKS, GERMEL	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McGlothlen, Wayne	
1.3 STREET ADDRESS	7209 Lillian Hwy.	
1.4 CITY-ST-ZIP	Pensacola, FL 32506	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARO, Willard M.	
3.3 STREET ADDRESS	7209 Lillian Hwy.	
3.4 CITY-ST-ZIP	Pensacola, FL 32506	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY WEAVER	
4.3 STREET ADDRESS	7209 Lillian Hwy.	
4.4 CITY-ST-ZIP	Pensacola, FL 32506	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nagin, Timothy C	
6.3 STREET ADDRESS	7209 Lillian Hwy.	
6.4 CITY-ST-ZIP	Pensacola, FL 32506	

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.

SIGNATURE: Wayne McGlothlen (850) 455-5411
Date: 1/20/98

CR2E037 (10/97)