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04-21-1999 90187 008 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736889

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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2. Principal Place of Business 21 7209 LILLIAN HWY Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 7209 LILLIAN HWY Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/27/1976	4. FEI Number 59-2387274 Applied For Not Applicable	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
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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	MCGLOTHREN, WAYNE	1.2 NAME	WILLARD M. CARO
STREET ADDRESS	7209 LILLIAN HWY	1.3 STREET ADDRESS	7209 LILLIAN HWY
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOEL	2.2 NAME	JIM L. LANHAM
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 type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARD, WILLARD M.	3.2 NAME	NORVAL L. PLUMB
STREET ADDRESS	7209 LILLIAN HWY	3.3 STREET ADDRESS	7209 LILLIAN HWY
CITY-ST-ZIP	PENSACOLA FL 32506	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	MART WEAVER	4.2 NAME	MARY WEAVER
STREET ADDRESS	7209 LILLIAN HWY	4.3 STREET ADDRESS	7209 LILLIAN HWY
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, ROBERT	5.2 NAME	
STREET ADDRESS	7209 LILLIAN HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGIM, TIMOTHY C.	6.2 NAME	
STREET ADDRESS	7209 LILLIAN HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Willard M. Caro **WILLARD M. CARO** 4-19-1999 850-455-5411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)