

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736889

FILED
Jan 10, 2005
Secretary of State

Entity Name: MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

7209 W LILLIAN HWY
PO BOX 3622
PENSACOLA, FL 32516

New Principal Place of Business:

Current Mailing Address:

7209 W LILLIAN HWY
PO BOX 3622
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-2387274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUTTMANN, MICHAEL L
314 S. BAYLEN ST., 201
PENSACOLA, FL 32501 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: VP () Delete
Name: BANKS, GERMEL
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: BAKER, JASON
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: DS () Delete
Name: SHORE, BRYAN
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: PD () Delete
Name: WEAVER, MARY
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: DUMAS, DANNY
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: PRINCE, ROBBIE
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BAKER, JASON
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: D (X) Change () Addition
Name: SHORE, BRYAN
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: DS (X) Change () Addition
Name: TARTER, JEFFERY
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

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

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

Title: D (X) Change () Addition
Name: DAVIS, TOM
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY WEAVER

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date