

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736889

FILED
Apr 30, 2008
Secretary of State

Entity Name: MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

7209 W LILLIAN HWY
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

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:

JORDAN, ROBERT F
7209 LILLIAN HWY
PENSACOLA, FL 32506 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: HODGES, TIMOTHY
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

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

Title: DS () Delete
Name: PHILLIPS, CLARA A
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FREEMAN, DUSTIN
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: T (X) Change () Addition
Name: JENNINGS, JAMES
Address: 7209 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

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

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: ROBERT JORDAN

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date